No. 200
10-48

FILED MAR 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10465

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5660 Registrar's No. 27

560
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: LEWIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL DICKERSON
c. LENGTH OF STAY (in this place): 6 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PRARIE VIEW REST HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LEWIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL LA BELLE 0560
d. STREET ADDRESS (If rural, give location): 4 MI. NORTH LEWISTOWN 0

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): ELLIOT
c. (Last): FAULCONER

4. DATE OF DEATH (Month) (Day) (Year): MARCH 22, 1953

5. SEX: M 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED 0
8. DATE OF BIRTH: NOV. 17, 1872
9. AGE (In years last birthday): 80 — If under 1 year: Months 4, Days 5 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (City and State or Foreign Country): LEWIS COUNTY 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: LEWIS FAULCONER
13b. MOTHER'S MAIDEN NAME: ELLEN FULLER
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): XXXXXXXX
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: LEWIS FAULCONER LEWISTOWN, MO.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cebral Hemrage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertention
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331x
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 21, 1953 *to* March 22, 1953 *that I last saw the deceased alive on* March 22, 1953 *and that death occurred at* 6 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. L. Castle Dr.
23b. ADDRESS: La Belle Ohio
23c. DATE SIGNED: 3/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3/24/53
24c. NAME OF CEMETERY OR CREMATORY: MIDWAY
24d. LOCATION (City, town, or county) (State): MIDWAY, MISSOURI

DATE REC'D BY LOCAL REG.: 3-24-53
REGISTRAR'S SIGNATURE: P. W. Jennings M. D. 161-0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Charles L. Arnold Sr. LEWISTOWN, MO.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Charles L. Arnold, Jr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.