No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2229

FILED FEB 1 1954

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5901 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Concord Twnshp.
c. LENGTH OF STAY (In this place): 2½ Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt.1 Hayti

2. USUAL RESIDENCE (Where deceased lived. If institution:- residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- Twnship Concord
d. STREET ADDRESS (If rural, give location): Rt.1 Hayti

3. NAME OF DECEASED (Type or Print): a. (First) Ernest b. (Middle) Dean c. (Last) Faulkner

4. DATE OF DEATH (Month) (Day) (Year): January 4 1954

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Aug.26,1951

9. AGE (In years last birthday): 1 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and State or Foreign Country): Braggadocio,Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George Faulkner

13b. MOTHER'S MAIDEN NAME: Hazel Childers

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): X

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Hazel Faulkner-Bragg City Rt.1

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) Burned to death — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Concord twp Pemiscot Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1-4-54 10:30 A m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Home Burned

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 10:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John W. German Coroner

23b. ADDRESS: Hayti, Mo

23c. DATE SIGNED: 1-27-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan.5,1954

24c. NAME OF CEMETERY OR CREMATORY: Portageville Cemetery

24d. LOCATION (City, town, or county) (State): Portageville,Missouri

DATE REC'D BY LOCAL REG.: 1-27-54

REGISTRAR'S SIGNATURE: John W German 406-0

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: H.S.Smith Funeral Home C'ville.Mo.

(Licensed Embalmer's Statement on Reverse Side)

1-22-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

JAN 28 1954

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.

This body was not embalmed.

Student .....
Student Embalmer

Signed W. Denver Pike

Licensed Embalmer No. 4484

P. O. Address Caruthersville

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

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