

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36181**

FILED NOV 9 - 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **187**

1. PLACE OF DEATH  
a. COUNTY **Saline**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY **Saline**

b. CITY (If outside corporate limits, write RURAL and give township) **Marshall** c. LENGTH OF STAY (In this place) **2 years**

c. CITY OR TOWN **Rural-Liberty Twp.** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Marshall Rest Home**

e. STREET ADDRESS (If rural, give location) **12 miles S.W. Marshall**

3. NAME OF DECEASED  
a. (First) **Mary** b. (Middle) **Faulconer** c. (Last) **Treece**

4. DATE OF DEATH **Nov. 1st, 1954**

5. SEX **Female** 6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **February 17, 1868**

9. AGE (In years) **86** if UNDER 1 YEAR last birthday Months **8** Days **14** if UNDER 24 HRS. Hours **14** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **House wife**

10b. KIND OF BUSINESS OR INDUSTRY **Own home**

11. BIRTHPLACE (City and State or Foreign Country) **Lexington, Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **James H. Faulconer**

13b. MOTHER'S MAIDEN NAME **Elizabeth Moore**

14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or date of service) \_\_\_\_\_

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME **Mrs J.H. Jolly, Sedalia, Missouri** ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH  
Enter one cause per line for (a), (b), and (c)  
  
\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Ventricular fibrillation**  
ANTECEDENT CAUSES **Senile Heart Disease** DUE TO (b) \_\_\_\_\_  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS **Adrenal insufficiency**  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
**2 yrs +**  
**1 yr**

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION **4343**

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 **aut**, 19**52**, to **Nov 1**, 19**54**, that I last saw the deceased alive on **Nov 1**, 19**54**, and that death occurred at **3:30** p.m., from the causes and on the date stated above.

23a. SIGNATURE **Mawon E. Roher M.D.** (Degree or title)

23b. ADDRESS **Marshall, Mo.**

23c. DATE SIGNED **Nov 2, 1954**

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

24b. DATE **Nov. 3, 1954**

24c. NAME OF CEMETERY OR CREMATORY **Hazel Grove cemetery**

24d. LOCATION (City, town, or county) (State) **Saline County, Mo.**

DATE REC'D BY LOCAL REG. **Nov. 2, 54**

REGISTRAR'S SIGNATURE **Sidney J. Gray** 385

25. FUNERAL DIRECTOR'S SIGNATURE **Campbell-Lewis** ADDRESS **MARSHALL, Mo.**

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

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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.....  
Signature of Student Embalmer

Signed *James H. Lewis Jr.*.....

Licensed Embalmer No. *470*.....

P. O. Address *Marshall*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.