

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22798

FILED AUG 8 - 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 537

1. PLACE OF DEATH a. COUNTY LINN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY LINN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BROOKFIELD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BROOKFIELD 0583	
c. LENGTH OF STAY (in this place) 4 YRS		d. STREET ADDRESS (If rural, give location) 304 W. Wood St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 304 W. Wood St.			

3. NAME OF DECEASED (Type or Print)	a. (First) IDA	b. (Middle) B.	c. (Last) FAULKNER	4. DATE OF DEATH (Month) (Day) (Year) JULY 29, 1955
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APR. 9, 1873	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (State or foreign country) NEW BOSTON, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME ELDRIDGE PHILLIPS	13b. MOTHER'S MAIDEN NAME MARGARET HICKMAN	14. NAME OF HUSBAND OR WIFE GEORGE W. FAULKNER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS BESSIE FAULKNER, BROOKFIELD, Mo
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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, athenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocarditis	DUE TO (b) Coronary occlusion	10 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) arteriosclerosis		14 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201			10 years

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1950, 19, to July 29, 1955, that I last saw the deceased alive on July 28, 1955, and that death occurred at 9 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W B Simpson DO	23b. ADDRESS Brookfield Mo	23c. DATE SIGNED 7/30/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE July 31, 1955	24c. NAME OF CEMETERY OR CREMATORY NESTER CHAPEL	24d. LOCATION (City, town, or county) (State) NEW BOSTON, Mo
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DATE REC'D BY LOCAL REG. 7-30-55	REGISTRAR'S SIGNATURE Walter Brown 167-3	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WRIGHT FUNERAL HOME, BROOKFIELD, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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

*Harold B. Wright*

Licensed Embalmer No. *3418*

P. O. Address.....

**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.