

S. No. 300  
V. 10.48

FILED DEC 7-1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37537**

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

BIRTH NO.		REG. DIST. NO. <b>104</b>		PRIMARY REG. DIST. NO. <b>4176</b>		Registrar's No. <b>31</b>		
1. PLACE OF DEATH a. COUNTY <b>DUNKLIN</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>DUNKLIN</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MALDEN, MO.</b>		c. LENGTH OF STAY (in this place) township) <b>5 YRS.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>MALDEN</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>N. CLINTON</b>				d. STREET ADDRESS (If rural, give location) <b>N. CLINTON</b>				
3. NAME OF DECEASED (Type or Print) <b>CARL DUNCAN FAULKNER</b>			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <b>NOV. 23-56</b>		4. DATE OF DEATH <b>NOV. 23-56</b>		5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>11-3-1929</b>		
9. AGE (In years last birthday) <b>27</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AIRCRAFT MECHANIC</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>MECHANIC</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>BUCODA, MISSOURI</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13a. FATHER'S NAME <b>GEORGE FAULKNER</b>		13b. MOTHER'S MAIDEN NAME <b>VIVIAN FAULKNER</b>		14. NAME OF HUSBAND OR WIFE <b>DOROTHY FAULKNER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>493-32-5000</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>DOROTHY FAULKNER, MALDEN, MO.</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>  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.					INTERVAL BETWEEN ONSET AND DEATH <b>10 min.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from _____, 19____, to <b>NOV. 23</b> , 19 <b>56</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>8:00A</b> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Quinton Tarver, M.D., Coroner</b>				23b. ADDRESS <b>Kennett, Missouri</b>		23c. DATE SIGNED <b>11-26-56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>11-25-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>LULU CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>DUNKLIN COUNTY MO.</b>		
DATE REC'D BY LOCAL REG. <b>11-29-56</b>		REGISTRAR'S SIGNATURE <b>J. D. Scherman</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>DAY FUNERAL HOME, MALDEN, MO.</b>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 12-4-56

COUNTY FILE NUMBER 1256-

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 *J. J. Shawman*

Licensed Embalmer No. 4086

P. O. Address *Malden*

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.