

FILED MAR 25 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11803

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6148 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Castor Rural</u>		c. CITY OR TOWN <u>Bloomfield</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>Yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>Route # 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At family home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ERNEST</u>	b. (Middle) <u>---</u>	c. (Last) <u>FAULKNER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 6, 1957</u>
-------------------------------------	--------------------------	------------------------	---------------------------	---

5. SEX <u>M.</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 17, 1894</u>	9. AGE (In years) (Ass. birthday) <u>62</u>	IF UNDER 1 YEAR (Months) (Days) <u>7 19</u>	IF UNDER 2 HRS. (Hours) (Mins.)
------------------	-----------------------------	---	---------------------------------------	---	---	---------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Crop farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	--	---

13a. FATHER'S NAME <u>C. F. Faulkner</u>	13b. MOTHER'S MAIDEN NAME <u>Maude Spickard</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie Faulkner</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Minnie Faulkner, Bloomfield, Mo. R. #2</u>
--	--	---

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 Mon</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDITIS</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>BRONCHIAL ASTHMA</u>		2 yrs	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>422</u>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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)	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 6-15, 1956 to 2-6, 1957, that I last saw the deceased alive on 2-6, 1957 and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Deceased or title)	23b. ADDRESS <u>Bloomfield</u>	23c. DATE SIGNED <u>2-15-57</u>
---	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 8, 57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walker cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stoddard co. Missouri</u>
---	-----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>3-1-57</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CHILES UND. CO. Bloomfield, Mo.</u>
--	--	---

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

510

