

Health, Welfare Public Service

CELESTINE FUNERAL HOME

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 13 1958

2243

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Sedalia
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2003 W. Broadway		Length of stay in lb 15 Yrs.	d. STREET ADDRESS (If outside, give location) 2003 W. Broadway
3. NAME OF DECEASED (Type or print) EPHOD HENRY		First Middle Last EPHOD HENRY FAULWELL, JR.	4. DATE OF DEATH Month Day Year January 8, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 24, 1936
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None - Invalid		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 21
11. BIRTHPLACE (City and state or country) Florence, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ephod Henry Faulwell, Sr.		13b. MOTHER'S MAIDEN NAME Lula Bremer	
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 Ephod Henry Faulwell, Sr, Sedalia, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Respiratory Failure</i> DUE TO (b) <i>muscu in Bronchial tubes</i> DUE TO (c) <i>Bronchitis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <i>3 months</i> <i>3 months</i> <i>- 501X 3 months</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Acute meningitis Mar. 1937 Paralysis of all</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Skeletal muscle, contractures of arms, legs, body & neck</i>		
20c. TIME OF INJURY Hour Month, Day, Year P.M.	20d. CITY, TOWN, OR LOCATION <i>never could sit up or walk of feed myself.</i>		
20e. INJURY OCCURRED WHILE AT WORK	20f. CITY, TOWN, OR LOCATION <i>mentally incompetent, mental hospital</i>		
20g. INJURY OCCURRED WHILE AT HOME	20h. CITY, TOWN, OR LOCATION <i>mentally last, deaf-mutism, mute all of them</i>		
21. I attended the deceased from <i>June 1937</i> to <i>Jan 8, 1958</i> and last saw him alive on <i>Jan 8, 1958</i> Death occurred at <i>2003 W. Broadway 9:30 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W. E. Best, M.D.</i>		22b. ADDRESS <i>Sedalia Mo. Jan 10, 1958</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/11/1958	23c. NAME OF CEMETERY OR CREMATORY Florence Cemetery
24. FUNERAL DIRECTOR D. W. Heckert, Sedalia, Missouri		23d. LOCATION (City, town, or county) Florence, Missouri	22c. DATE SIGNED (State)
25. DATE RECD. BY LOCAL REG. 1-11-58		26. REGISTRAR'S SIGNATURE <i>Frances Shelby</i>	

JAN 15 1958

CERTIFICATE OF DEATH

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 *Russell O Maag*

Licensed Embalmer No. 4801

P. O. Address Sedalia, Missouri

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.