

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024994

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 381 Primary Registration District No. 3089 3038 Registrar's No. 426

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 11 1963

VS 300
Rev. 4/59

10585
20580
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9420.1
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1286-0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Linn	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield		c. CITY OR TOWN Purdin	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Mc Larney Manor		d. STREET ADDRESS (if outside, give location) Purdin	
3. NAME OF DECEASED (Type or print) Dallas A. Falconer		4. DATE OF DEATH Month 7 Day 2 Year 63	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/20/90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and state or country) Missouri
13a. FATHER'S NAME Ruben T. Falconer		13b. MOTHER'S MAIDEN NAME Mary Matilda Gladden	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		17. INFORMANT Hermia Falconer Purdin, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 4 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 5-24-63 to 7-2-63 and last saw ^{her} him alive on 7-2-63 Death occurred at 5:25 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John R. Dixon M.D. (Degree or title)		22b. ADDRESS Brookfield Mo	22c. DATE SIGNED 7-2-63
23b. DATE 7/4/63	23c. NAME OF CEMETERY OR CREMATORY Purdin	23d. LOCATION (City, town, or county) (State) Purdin Mo.	
24. FUNERAL DIRECTOR Wade Funeral Home ADDRESS Browning, Mo		25. DATE RECD. BY LOCAL REG. 7/11/63	26. REGISTRAR'S SIGNATURE Hester ... M.D.

USE BLACK INK OR TYPEWRITER RIBBON

AUG 8 1963

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

Gerald Iwade

Licensed Embalmer No.

4172

P. O. Address

Browning

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.