

FILED FEB 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3953

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>7</u>		PRIMARY REG. DIST. NO. <u>5032</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Andrew</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Andrew</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural LYNN</u>		c. LENGTH OF STAY (In this place) <u>13 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3</u>				d. STREET ADDRESS (If rural, give location) <u>Martinsburg Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>		b. (Middle) <u>LEMOND</u>		c. (Last) <u>FARRERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 6-1949</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>Aug-21-1935</u>	
9. AGE (In years last birthday) <u>13</u>		10. MONTHS <u>0</u>		11. DAYS <u>16</u>		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>---</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>			
11. BIRTHPLACE (State or foreign country) <u>Andrew Co Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>JOE L FARRERS</u>		13b. MOTHER'S M maiden NAME <u>LYNN</u>		14. NAME OF HUSBAND OR WIFE <u>---</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joe L Farrers</u> ADDRESS <u>Martinsburg Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death. <u>F. Q. 211</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cornus Rose Fractured neck & ribbed chest</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tractor & trailer wagon wreck</u> DUE TO (c) <u>turning over in road ditch</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>See corner the road</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>Rural Lynn Andrew Co Mo</u>		20. AUTOPSY? YES ☐ NO ☒			
21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) <u>Cornus road</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lynn Andrew Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2-6-1949 11a.</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? <u>Tractor & trailer turned over on road</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>even</u> , 19____, and that death occurred at <u>11 a.</u> m., from the causes and on the date stated above <u>2-6-49</u>							
23a. SIGNATURE <u>S. C. Adams M.D. Corvus</u> (Degree or title)				23b. ADDRESS <u>Missouri Mo.</u>		23c. DATE SIGNED <u>2-6-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>---</u>		24b. DATE <u>2-8-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wellsville</u>		24d. LOCATION (City, town, or county) (State) <u>Wellsville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 9-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. Joe Carter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F.B. Blbr.</u> ADDRESS <u>Wellsville Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 21 1949

RECEIVED

District Health Officer No. 10

District File Number 2493

Date Filed FEB 17 1949

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 Self

..... Student Embalmer No. 1
working under my personal supervision.

Student
Student Embalmer

Signed H. B. Kells

Licensed Embalmer No. 1588

P. O. Address Keller, Mo.

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.