

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27583

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5902 Registrar's No. 79

WRITES PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Deming</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Deming</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Hayti</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Hayti</u>	
c. LENGTH OF STAY (In this place) <u>1 yr</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>King</u>		b. (Middle) _____	
c. (Last) <u>Farrow</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 29, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>January 15, 1945</u>
9. AGE (In years last birthday) <u>4</u>		10. AGE (In months) <u>7</u> (Days) <u>14</u> (Hours) _____ (Min.) _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Cairo Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Charlie Farrow</u>		13b. MOTHER'S MAIDEN NAME <u>Olivia Batten</u>	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Charlie Farrow Hayti Mo.</u>		ADDRESS _____	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Laryngeal Diphtheria Acute</u> 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.	
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 <u>8-28</u> , 1949, to <u>8-29</u> , 1949, that I last saw the deceased alive on <u>8-28</u> , 1949, and that death occurred at _____ on _____, from the causes and on the date stated above.			
23. SIGNATURE <u>Arthur H. Hines, M.D.</u> (Degree or title)		23b. ADDRESS <u>Hayti, Mo.</u>	
23c. DATE SIGNED <u>8-30-49</u>			
24a. BURIAL, CREMATION _____		24b. DATE <u>8/30/49</u>	
24c. NAME OF CEMETERY OR CREMATORIUM <u>County</u>		24d. LOCATION (City, town, or county) (State) <u>Rural Hayti Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-7-49</u>		REGISTRAR'S SIGNATURE <u>John W. German</u> 406	
25. FUNERAL DIRECTOR'S SIGNATURE <u>John W. German</u>		ADDRESS <u>Hayti, Mo</u>	

9-49-244

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.

Signed.....

John H. German

Signed.....

Student Embalmer

Licensed Embalmer No. *4355*

P. O. Address *Hayti, 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.