

FILED SEP 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29496

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BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5164 Registrar's No. 323

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Fulton Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural McCredie Twp.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>About 30r 4 M. North Fulton</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D?</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>RALPH</u> b. (Middle) <u>EUGENE</u> c. (Last) <u>FARLOW</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 20, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>September 20, 1888</u>
9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 22 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Business man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>owner of tourist cabins</u>	11. BIRTHPLACE (State or foreign country) <u>Iowa</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Beulah Murry Farlow</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. R. E. Farlow, McCredie, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Was found dead on side of road in Fulton Twp. Callaway County Missouri</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Copious purpurae of the skin</u> DUE TO (c) <u>his own hand, apparently self-inflicted</u> II. OTHER SIGNIFICANT CONDITIONS <u>Accidental</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <u>Accidental</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fulton Twp Rural Callaway</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 20 1949 11-45 a. m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>14</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>M. Coroner</u> (Degree or title)		23b. ADDRESS <u>Fulton, Mo.</u>	23c. DATE SIGNED <u>9/23/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9/23/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Winterset</u>	24d. LOCATION (City, town, or county) (State) <u>Winterset Iowa</u>
DATE REC'D BY LOCAL REG. <u>9/23-1949</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	426	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Marjorie Funderhome, Fulton, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

District File Number _____
District Health Officer No. 9,
RECEIVED SEP 27 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed J. J. Rottor

Signed _____
Student Embalmer

Licensed Embalmer No. 2555

P. O. Address Fulton 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.