No. 300
10.48

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

FILED NOV 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32968

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 269

1. PLACE OF DEATH
a. COUNTY: BOONE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COLUMBIA
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ~~XX~~ 501 Hickman

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: BOONE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COLUMBIA MO
d. STREET ADDRESS (If rural, give location): 501 HICKMAN AV

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) C. c. (Last) FARRAR

4. DATE OF DEATH (Month) (Day) (Year): OCT 30 1949

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEB. 19 1862
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMER
11. BIRTHPLACE (State or foreign country): HENRY CO. MO.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: WILLIAM FARRAR
13b. MOTHER'S MAIDEN NAME: ELIZABETH EMORY
14. NAME OF HUSBAND OR WIFE: GEORGIA FARRAR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): XXX
16. SOCIAL SECURITY NO.: XX
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: W.H. FARRAR 501 HICKMAN COLUMBIA

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bright's Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Kidney Disease (Uraemia)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 593X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from June 1946, 1946, to Oct 30, 1949, that I last saw the deceased alive on _____, 19__, and that death occurred at 2" AM m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lloyd Simpson M.D.
23b. ADDRESS: 506 Cherry St
23c. DATE SIGNED: 10-31-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: NOV 2 1949
24c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK
24d. LOCATION (City, town, or county) (State): COLUmbia MO

DATE REC'D BY LOCAL REG.: Nov. 1 1949
REGISTRAR'S SIGNATURE: Mrs R E Palmer 31 c
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: R O Wreath COLUMBIA MO

(Licensed Embalmer's Statement on Reverse Side)

NOV 7 1949

District Health Officer No. 9,

District File Number _____

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, ~~only~~ _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Student Embalmer

Signed Lyman H. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.