

FILED FEB 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1909

State File No.

BIRTH NO. _____ REG. DIST. NO. 250 PRIMARY REG. DIST. NO. 4275 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY OR TOWN <u>Conception Junction</u>		c. CITY OR TOWN <u>Conception Junction</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Water</u>	b. (Middle) <u>L.</u>	c. (Last) <u>FARNAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-23-50</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Feb 16-1920</u>	9. AGE (In years last birthday) <u>29</u> Months <u>11</u> Days <u>8</u>	IF UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Clyde Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Walter L. Farnan Sr.</u>	13b. MOTHER'S MARDEN NAME <u>Mary Peterson</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>Feb-42-Mar-45</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Fred F Farnan</u>	ADDRESS <u>Omaha Neb</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Exposure</u>		<u>about 2 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Brain Concussion</u> DUE TO (c)		<u>about 2 hrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>32</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on highway</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Jefferson Twp Nodaway MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan-23-50 8 P.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fall from wagon trailer drawn by Farm tractor - dragged 1/2 mile body passed 13 hrs later</u>
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22. I hereby certify that I attended the deceased from not, 19 attended 19 not, that I last saw the deceased alive on not seen 19 not, and that death occurred at about 10 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. E. Dean - Coroner</u>	23b. ADDRESS <u>Maryville MO</u>	23c. DATE SIGNED <u>1-25-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 26-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Columba Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Conception MO</u>
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DATE REC'D BY LOCAL REG <u>Jan 31-50</u>	REGISTRAR'S SIGNATURE <u>Mrs. E. G. Crenshaw</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>570</u>	ADDRESS <u>Waddy & Phillips Conception, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0740

FEB 6 1950

APR 11 1951



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 _____

working under my personal supervision.

Student Embalmer No.

Signed Leroy H. Phillips

Signed.....
Student Embalmer

Licensed Embalmer No. 1898

P. O. Address Stampsy 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.