

FILED APR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12715

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cabool</u> <u>1400</u>	
c. LENGTH OF STAY (In this place) <u>1 week</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton General Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Manley</u> b. (Middle) <u>Farrar</u> c. (Last) <u>Farrar</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-18-1950</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>12-9-1899</u>
9. AGE (In years last birthday) <u>51</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Questionnaire</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME <u>Josiah K Farrar</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Duncan</u>	
14. NAME OF HUSBAND OR WIFE <u>Clotine Farrar</u>			
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. <u>0</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Clotine Farrar</u>		ADDRESS <u>Clinton 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>tuberculosis of the kidneys</u> DUE TO (c) <u>(Supp. report)</u> 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) <u>Clinton</u> <u>Missouri</u> <u>Missouri</u>		21d. HOW DID INJURY OCCUR? <u>ADDITIONAL SUPPLEMENTAL INFORMATION REQUESTED</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>0</u>		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
22. I hereby certify that I attended the deceased from <u>14 April, 1950</u> , to <u>18 April, 1950</u> , that I last saw the deceased alive on <u>18 April, 1950</u> , and that death occurred at <u>6:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>James O. Smith M.D.</u>		23b. ADDRESS <u>Clinton, Missouri</u>	
23c. DATE SIGNED <u>April 19, 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-21-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Spring Town Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Burlington Kansas</u>	
DATE REC'D BY LOCAL REG. <u>April 21-50</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>	
FUNDING DIRECTOR'S SIGNATURE <u>Adams</u>		ADDRESS <u>Adams</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 28 1950

RECEIVED

District Health Officer N

District File Number 3-50-4

Date Filed 4-27-5

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.

Student _____

Student Embalmer

Signed _____

Licensed Embalmer No. 4718

P. O. Address Clinton m

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.