

STANDARD CERTIFICATE OF DEATH

40233

FILED DEC 22 1950

State File No.

 BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4271 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>DeKalb Co</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>mo</u> b. COUNTY <u>DeKalb</u>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>CLARKSDALE</u>		c. LENGTH OF STAY (in this place) <u>1 yr.</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>CLARKSDALE MO 0320</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) <u>Charley E Farrington</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 4 1950</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>9-10-1877</u>	9. AGE (In years) (Month) (Day) (Hour) (Min.) <u>73</u>	10. AGE (In years) (Month) (Day) (Hour) (Min.) <u>73</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Wm H Farrington</u>	13b. MOTHER'S MAIDEN NAME <u>Salonia McDonald</u>	14. NAME OF HUSBAND OR WIFE <u>Lottie Farrington</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.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lottie Farrington</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Insufficiency</u>		<u>1 day</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u>		<u>1 day</u>	
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>331x</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 Dec. 3, 1950, to Dec. 4, 1950, that I last saw the deceased alive on Dec. 3, 1950 and that death occurred at 6 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Elmer J. Denny, M.D.</u>	23b. ADDRESS <u>Stewartville, Missouri</u>	23c. DATE SIGNED <u>12-8-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Dec 6 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clarksdale</u>
24d. LOCATION (City, town, or county) (State) <u>Clarksdale MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John Brown Maynard</u>	
DATE REC'D BY LOCAL REG. <u>12-13-50</u>	REGISTRAR'S SIGNATURE <u>Roscoe Davidson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John Brown Maynard</u>

(Licensed Embalmer's Statement on Reverse Side)

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



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 John Brown

Licensed Embalmer No. 3933

P. O. Address Marshall Co. 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.