

FILED FEB 1 1951

STANDARD CERTIFICATE OF DEATH

State File No. 683

683

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4164 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>DAVISS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Daviss</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): <u>ALTAMONT</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): <u>Altamont</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>WILLIAM</u> b. (Middle) <u>FARRAR</u> c. (Last) <u>FARRAR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 4-51</u>
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>APRIL 30 1868</u>
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Daviss Co - MO</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 <u>Retired Farmer</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Samuel Farrar</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Tiffard</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Arroy M. Kinkade - Altamont</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* (a) <u>Sarcoma maxilla</u> INTERVAL BETWEEN ONSET AND DEATH <u>from custom about 1 year</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>195X</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 (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 <u>Dec 20, 1950</u> , to <u>Jan 4, 1951</u> , that I last saw the deceased alive on <u>Jan 4, 1951</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. K. Wilson M.D.</u>		23b. ADDRESS <u>Winstan, Mo</u>	
23c. DATE SIGNED <u>6 Jan 1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 7-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Old Union</u>		24d. LOCATION (City, town, or county) (State) <u>Daviss Co - Mo</u>	
DATE REC'D BY LOCAL REG. <u>8 Jan. 1951</u>		REGISTRAR'S SIGNATURE <u>Virginia M Engelhart</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Kate Stroup</u>		ADDRESS <u>Winstan Mo</u>	

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

0310

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1-29-01

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 *L. O. Peterson*

Signed.....
Student Embalmer

Licensed Embalmer No. *2307*

P. O. Address *Ballwin 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.