

FILED APR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9454

BIRTH NO. _____ REG. DIST. NO. 250 PRIMARY REG. DIST. NO. 4375 Registrar's No. 6

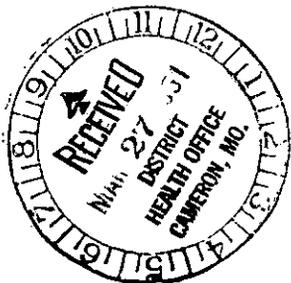
1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give town) Conception Jct.		c. CITY (If outside corporate limits, write RURAL and give township) Conception Jct.	
c. LENGTH OF STAY (in this place) 12 yrs.		d. STREET ADDRESS (If rural, give location) none	
d. FULL NAME OF HOSPITAL OR INSTITUTION Family home			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES		b. (Middle) LOGAN	
		c. (Last) FARR	
4. DATE OF DEATH (Month) (Day) (Year) 3 9 51			
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH 8/31/77
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Alanthus, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME James Madison Farr		13b. MOTHER'S MAIDEN NAME Sarah Jane Grooms	
14. NAME OF HUSBAND OR WIFE Della Stephenson Farr			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Jct. Mo. Mrs. Charles L. Farr, Conception		ADDRESS	
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) CARDIO-VASCULAR RENAL DISEASE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) GENERALIZED ARTERIOSCLEROSIS DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DIABETES MELLITUS	
INTERVAL BETWEEN ONSET AND DEATH 2 YRS. 15 YRS. 44 2 X 10 YRS.			
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 Aug. 21 , 19 48 , to Mar. 9 , 19 51 , that I last saw the deceased alive on MAR. 8 , 19 51 , and that death occurred at 9:40A.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Paul J. Kadwell		23b. ADDRESS Conception Jct., Mo.	
23c. DATE SIGNED 3/18/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial 11	24b. DATE 3/12/51	24c. NAME OF CEMETERY OR CREMATORY Oak Lawn	24d. LOCATION (City, town, or county) (State) Ravenwood, Missouri
DATE REC'D BY LOCAL REG. Mar. 21/50	REGISTRAR'S SIGNATURE 370 Mrs. Egan Crenshaw	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.	

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

0740 /

0743

(Licensed Embalmer's Statement on Reverse Side)



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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *John W. Price*.....

Licensed Embalmer No. *4281*.....

P. O. Address *Maryville 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.