No. 300
10.48

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

FILED SEP 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26175

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 904

1. PLACE OF DEATH
a. COUNTY: Buchanan 0117
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 64 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1115 Ashland Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): 1115 Ashland Ave. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle):
c. (Last): Farthing

4. DATE OF DEATH (Month) (Day) (Year): August 29, 1951.

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: March 3, 1882
9. AGE (In years last birthday): 69 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Public Schools.
11. BIRTHPLACE (State or foreign country): England. Marske-by-the-sea. Yorkshire,
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: Thomas Farthing
13b. MOTHER'S MAIDEN NAME: Mary Ann ~~Anna~~-Robinson
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ******
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Miss. Ethel Farthing — ADDRESS: St. Joseph, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary occlusion — Sudden

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Essential Hypertension — 10-15 yrs.

DUE TO (c): Gen. Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☑

Sept. 21, 1951

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr., 1950 *to* Aug., 1951, *that I last saw the deceased alive on* Aug 29, 1951, *and that death occurred at* 6:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harold J. Brunn M.D. (Degree or title)
23b. ADDRESS: St Joseph, Mo
23c. DATE SIGNED: 8-3-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 1, 1951.
24c. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cemetery,
24d. LOCATION (City, town, or county) (State): St. Joseph, Mo.

DATE REC'D BY LOCAL REG.: Sept. 5, 1951
REGISTRAR'S SIGNATURE: Carl C. Casteel 446
25. FUNERAL DIRECTOR'S SIGNATURE: Walter Meerhoffer — ADDRESS: St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Dr Brumm

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 Elbert R. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.

4 1951

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of ~~Buchanan~~ Buchanan

State File No. 26175
Local Registrar's No. 904

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 12th day of September, 1951, before me appears Walter Meierhoffer Jr., who, upon his oath, states that the original record of birth/death for Margaret Farthing, died born August 29, 1951; in the State of Missouri, and which was filed at St. Joseph on Sept. 5, 1951, should be corrected as follows:

Item No. 13-b should read Mary Ann Robinson

Instead of Anna Robinson

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Walter Meierhoffer Jr. Funeral Director
Relationship.

1946 Colhoun St., St. Joseph, Mo.
Present Address.

Subscribed and sworn to before me this 12th day of September, 1951.

My Commission expires Apr. 26, 1954 Elizabeth L. McAllister Notary Public.

V. S. 135
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