

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 27549

FILED SEP 6 1951

BIRTH NO. _____		REG. DIST. NO. 178		PRIMARY REG. DIST. NO. 5666		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Lewis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lewis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Union Twp		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Union Twp		0560			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) Ida			a. (First)		b. (Middle)		c. (Last) Farr		
4. DATE OF DEATH July 30 1951		(Month) (Day) (Year)		5. SEX female		6. COLOR OR RACE white			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Oct. 17 1869		9. AGE (In years last birthday) 82		10. IF UNDER 1 YEAR Months Days			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Jacob Kestie		13b. MOTHER'S MAIDEN NAME Matilda McCANNS		14. NAME OF HUSBAND OR WIFE Jefferson Davis Farr					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Richard Farr LaGrange Mo					
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Cardiac Failure ANTECEDENT CAUSES Hypertension Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 2 months Unknown Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443x				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 31, 1948, to July 30, 1951, that I last saw the deceased alive on July 30, 1951, and that death occurred at 6:25 a.m., from the causes and on the date stated above.									
23a. SIGNATURE Sam H. Roberts, M.D. (Degree or title)				23b. ADDRESS Canton, Mo.		23c. DATE SIGNED 8-2-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 1, 1951		24c. NAME OF CEMETERY OR CREMATORY River View Cemetery		24d. LOCATION (City, town, or county) (State) LaGrange Missouri			
DATE REQ'D BY LOCAL REG. 7-28-51		REGISTRAR'S SIGNATURE P.W. Jennings		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Bennett Bailey LaGrange Mo					

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

0560
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Date Received: SEP 4 1951
DISTRICT HEALTH OFFICE #2
District File Number 9-51-1335
Date Filed: SEP 5 1951

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 *J. Kenneth Bailey*
Licensed Embalmer No. *4248*

P. O. Address *La Grange, 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.