

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30971**
Registrar's No. **3338**

FILED OCT 10 1951

BIRTH NO. _____		REG. DIST. NO. 254		PRIMARY REG. DIST. NO. 4386		Registrar's No. 3338		
1. PLACE OF DEATH a. COUNTY Oregon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission). a. STATE Missouri b. COUNTY Oregon				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Thayer		c. LENGTH OF STAY (In this place) 30 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Thayer				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) WOODROW b. (Middle) FORD c. (Last) FARLESS			4. DATE OF DEATH (Month) (Day) (Year) Aug. 29, 1951					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3		8. DATE OF BIRTH Feb. 26, 1913		9. AGE (In years last birthday) 38	IF UNDER 1 YEAR Months 6 Days 3	IF UNDER 24 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Keshkenong, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Elby Farless			13b. MOTHER'S MAIDEN NAME Dorcy Blankenship		14. NAME OF HUSBAND OR WIFE Anna Baker			
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. 		17. INFORMANT'S SIGNATURE OR NAME Aileen Farless				ADDRESS Thayer, 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, asthenia, etc. It means the disease, injury, or complication which caused death.								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stroke						INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Disease								
DUE TO (c) 								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201					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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:00 AM , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Lee D. Marshall, M.D.				23b. ADDRESS Thayer, Mo.		23c. DATE SIGNED 9-7-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 31, 1951	24c. NAME OF CEMETERY OR CREMATORY Norman Cemetery		24d. LOCATION (City, town, or county) (State) Oregon County, Mo.			
DATE REC'D BY LOCAL REG. 10-3-51		REGISTRAR'S SIGNATURE Ella Cross		25. GENERAL DIRECTOR'S SIGNATURE Richard J. ...		ADDRESS Thayer, Mo.		

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

0750

RECEIVED

OCT 8 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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
Student Embalmer

Signed

Edward Carter

Student Embalmer No.

Licensed Embalmer No. *4516*

P. O. Address *Therapy 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.