

STANDARD CERTIFICATE OF DEATH

38158

FILED DEC 8-1951

State File No.

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Monrtean</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Nebraska</u> b. COUNTY <u>Box Butte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>California</u>		c. CITY: (If outside corporate limits, write RURAL and give township) <u>Alliance</u> 4250	
c. LENGTH OF STAY (In this place) <u>2 months</u>		d. STREET ADDRESS (If rural, give location) <u>609 Cheyenne</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Lathan Sanatorium</u>			

3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>Jane</u> c. (Last) <u>Farrington</u>			4. DATE OF DEATH (Month) <u>Dec.</u> (Day) <u>2</u> (Year) <u>1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married 1</u>	
8. DATE OF BIRTH <u>July 15, 1873</u>		9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR: Months <u>4</u> Days <u>17</u> IF UNDER 10 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Clarkburg Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>John B. Stewart</u>		13b. MOTHER'S MAIDEN NAME <u>Eizabeth Fordyce</u>		14. NAME OF HUSBAND OR WIFE <u>Owen Price Farrington</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Owen P. Farrington</u> ADDRESS <u>Alliance, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Central thrombosis</u>		ANTECEDENT CAUSES			<u>5 days</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b)			
		DUE TO (c)			
11. OTHER SIGNIFICANT CONDITIONS* <u>Fracture, right humerus</u>		Conditions contributing to the death but not related to the disease or condition causing death.			<u>5 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fracture caused by fall down steps at end of apoplexy.</u>	

22. I hereby certify that I attended the deceased from 11-28, 1951, to 12-2, 1951, that I last saw the deceased alive on 12-2, 1951, and that death occurred at 3 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R.B. Fitch, M.D.</u> (Degree or title)		23b. ADDRESS <u>California, Mo.</u>		23c. DATE SIGNED <u>12-3-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>12-4-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marion</u>	
				24d. LOCATION (City, town, or county) (State) <u>Clarkburg Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Dec 3, 51</u>		REGISTRAR'S SIGNATURE <u>W.A. Popejoy, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. E. Wilson</u> ADDRESS <u>California Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 7 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed DEC 7 1951

2367 67 WDP

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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 A. E. Wilson

Signed
Student Embalmer

Licensed Embalmer No. 2361

P. O. Address California, 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.