

FILED JUN 10 1952

## STANDARD CERTIFICATE OF DEATH

State File No. 159930

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 131

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Candeur</u>	
b. CITY OR TOWN <u>JEFFERSON CITY</u>		c. CITY OR TOWN <u>Wacks Creek Rural</u>	
c. LENGTH OF STAY (in this place) <u>3 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>01571</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STILLWELL HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>ABIGAIL</u> c. (Last) <u>FARR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 1 - 1952</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>12-21-1885</u>		9. AGE (in years last birthday) <u>67</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>Canon City Colo</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
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13a. FATHER'S NAME <u>Daniel Hall</u>				13b. MOTHER'S MAIDEN NAME <u>Diana Parker</u>				14. NAME OF HUSBAND OR WIFE <u>Norman</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME <u>Norman Farr</u> ADDRESS <u>Wacks Creek Mo.</u>			
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>						INTERVAL BETWEEN ONSET AND DEATH <u>26 hrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Nephritis</u>						Mainly years	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION <u>None</u>				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>593X</u>			
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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)			
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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?			
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22. I hereby certify that I attended the deceased from 5-15 <sup>1952</sup> to 5-31 <sup>1952</sup>, that I last saw the deceased alive on 5-31 <sup>1952</sup>, and that death occurred at 2:45 <sup>PM</sup> m.; from the causes and on the date stated above.

23a. SIGNATURE <u>L. Turner, D.O.</u> (Degree or title)				23b. ADDRESS <u>Candeur Mo</u>				23c. DATE SIGNED <u>6-3-52</u>			
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-4-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Creech</u>				24d. LOCATION (City, town, or county) (State) <u>Candeur Co Mo</u>			
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DATE REC'D BY LOCAL REG. <u>June 9-1952</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis M.D. - M.R.O.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>L.B. Jones</u> ADDRESS <u>Buffalo Mo</u>			
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(Licensed Embalmer's Statement on Reverse Side)

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

264

1-11-11  
1914  
17 710017

**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 Morris B Jones

Licensed Embalmer No. 4329

P. O. Address Buffalo, 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.