

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39791**

FILED DEC 15 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **292** PRIMARY REG. DIST. NO. **4434** Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY <b>Ralls.</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ralls.</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Center, Missouri.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Center, Missouri.</b>		d. STREET ADDRESS (If rural, give location) <b>Same.</b>		e. LENGTH OF STAY (In this place) <b>12 Yrs</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Betty</b> b. (Middle) <b>Jane</b> c. (Last) <b>Farran.</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 2, 1952</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>July, 17, 1939</b>	
9. AGE (In years last birthday) <b>13</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>15</b>		IF UNDER 1 YEAR Hours <b></b> Mins. <b></b>		11. BIRTHPLACE (City and State or Foreign Country) <b>C</b> <b>Ralls County, Missouri</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>School</b>			
11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Merle Farran</b>			13b. MOTHER'S MAIDEN NAME <b>Bulah Bell Thomas</b>			14. NAME OF HUSBAND OR WIFE <b>None.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Bulah Bell Smith, Center, Mo.</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Epilepsy (grand mal.)</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 hours</b>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chonachial Hemorrhage</b> <b>Unknown - attack</b> DUE TO (c) <b>Started after birth 7-17-39 and continued at frequent intervals since birth.</b>							
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <b>None known</b>							
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>None</b>				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 <b>July 17, 1939</b> to <b>Dec. 2, 1952</b> , that I last saw the deceased alive on <b>Nov. 26, 1952</b> , and that death occurred at <b>11:31 AM</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>C. H. Proctor Jr. D.O.</b>				23b. ADDRESS <b>Center, Missouri.</b>		23c. DATE SIGNED <b>1952 12-3-1952</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-4-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Olivet Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Center, Missouri.</b>	
DATE REC'D BY LOCAL REG. <b>12-5-1952</b>		REGISTRAR'S SIGNATURE <b>Clyde Wilkey</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Edward Wesley Perry</b>		ADDRESS	

**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 *Alyde C. Wilkey*

Licensed Embalmer No. 3820

P. O. Address *Perry, Ind.*

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.