

FILED MAR 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11125

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>St. Francis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Leadwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Leadwood 0940</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>Howard</u>		b. (Middle) <u>Farrester</u>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 27 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 29, 1875</u>
9. AGE (in years last birthday) <u>77</u>		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Washington Co. Mo. U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>William Farrester</u>		13b. MOTHER'S MAIDEN NAME <u>Lachia Ramsey</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>497-05-5907</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marion Farrester</u> ADDRESS <u>Leadwood Mo</u>	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Following Influenza</u> 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		480X	
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?			
22. I hereby certify that I attended the deceased from <u>Feb 20</u> , 1953, to <u>Feb 27</u> , 1953, that I last saw the deceased alive on <u>Feb 27</u> , 1953, and that death occurred at <u>4-10 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. H. H. H.</u> (Degree or title)		23b. ADDRESS <u>Potosi Mo.</u>	
23c. DATE SIGNED <u>3/3/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-1-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Potosi Masonic</u>		24d. LOCATION (City, town, or county) (State) <u>Potosi Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 3, 1953</u>		REGISTRAR'S SIGNATURE <u>Esther Rudolph</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Luther Spahr</u>		ADDRESS <u>Potosi Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

940
1

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 Murphy L. Sparks.....

Licensed Embalmer No. 4236.....

P. O. Address St. Paul River 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.