

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

W2 Potter 36430
State File No.

FILED OCT 26 1953

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 237

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY OR TOWN <u>Brookfield</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Brookfield</u>	0582 0
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>410 S. Main</u>		d. STREET ADDRESS (If rural, give location) <u>410 S. Main</u>	
3. NAME OF DECEASED a. (First) <u>LUTICIA</u> b. (Middle) <u>—</u> c. (Last) <u>FARLOW</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct-17-1953</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan-18-1852</u>
9. AGE (in years last birthday) <u>101</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>29</u>	IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Prattfields Penna</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Abraham Linkart</u>	
14. MOTHER'S MAIDEN NAME <u>D. K.</u>		15. NAME OF HUSBAND OR WIFE <u>Oliver H. Farlow</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. SOCIAL SECURITY NO. _____	18. INFORMANT'S SIGNATURE OR NAME <u>Buella Williams</u> ADDRESS <u>Brookfield Mo</u>	
19. 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) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</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"/>
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) <u>Brookfield Mo</u>	
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>JAN 4</u> , 1946, to <u>Oct 17</u> , 1953, that I last saw the deceased alive on <u>Oct 17</u> , 1953, and that death occurred at <u>7:10 P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. H. Potter 2 P.O.</u> (Degree or title)		23b. ADDRESS <u>Brookfield Mo</u>	23c. DATE SIGNED <u>10-18-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-19-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>
DATE REC'D BY LOCAL REG. <u>10-22-53</u>	REGISTRAR'S SIGNATURE <u>Madine Stambach Reg.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Blacklock</u> ADDRESS <u>Brookfield Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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AUG 30 1963

MAY 8 1963

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

J. R. Blacklock

Licensed Embalmer No. *2246*

P. O. Address

Brookfield 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.