

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

1062

State File No. _____

FILED JAN 18 1954

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 10

I. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Harrison</u>		a. STATE <u>Nebraska</u>	b. COUNTY <u>Frontier</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maywood - Nebr.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bethany Hosp. & Clinic</u>		d. STREET ADDRESS <u>826 8</u>	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) <u>HELEN</u>	b. (Middle) <u>LORRAINE</u>	c. (Last) <u>FARRAR</u>	(Month) <u>Jan.</u>	(Day) <u>16,</u>	(Year) <u>1954</u>
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</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>Maywood, Nebraska</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>George Shamburg</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Bosch</u>		14. NAME OF HUSBAND OR WIFE <u>Lynn Farrar</u>	
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lynn Farrar</u>	
				ADDRESS <u>Bethany, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pulmonary edema</u>			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) <u>post-operative cardiac arrest.</u>			
		DUE TO (c) <u>4343</u>			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac arrest restored by cardiac massage 1/13/54</u>			
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)	
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 Jan 13, 1954, to Jan 16, 1954, that I last saw the deceased alive on Jan 16, 1954, and that death occurred at 12:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Merriam Gearhart, M.D.</u>		23b. ADDRESS <u>Bethany, Mo.</u>		23c. DATE SIGNED <u>1/16/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Jan. 19, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maywood</u>	
				24d. LOCATION (City, town, or county) (State) <u>Maywood, Nebr.</u>	
DATE REC'D BY LOCAL REG. <u>1-16-54</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>Clark L. Boutch</u>	
				ADDRESS <u>Bethany, Mo.</u>	

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

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 Clark L. Foutch

Licensed Embalmer No. 4831

P. O. Address Bethany, Md.

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.