

FILED JUN 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19261

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>218</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>		c. LENGTH OF STAY (in this place) <u>4 wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fristoe - Rural</u>		d. STREET ADDRESS <u>Rt. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2718 Vermont</u>				d. STREET ADDRESS <u>Rt. 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>B.</u> c. (Last) <u>M^{rs} Farland</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 5, 1954</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 20, 1880</u>		9. AGE (In years last birthday) <u>73</u>	10. UNDER 1 YEAR Months <u>11</u> Days <u>15</u>	11. OVER 1 YEAR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done or last of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Benton Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wm F. M. Farland</u>		13b. MOTHER'S MAIDEN NAME <u>Eloera Barcus</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha M^{rs} Farland</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 ADDRESS <u>Bertha M^{rs} Farland Fristoe 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>X-ray did not demonstrate lesion</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Right hemiplegia old CVA</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 mo</u> <u>16 mo</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>578X</u>			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 <u>5-11, 1954</u> , to <u>June 5, 1954</u> , that I last saw the deceased alive on <u>5-21, 1954</u> , and that death occurred at <u>8:20 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edward A. Samuelson M.D.</u>				23b. ADDRESS <u>2603 E 31 KC Mo</u>		23c. DATE SIGNED <u>June 6-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6/19/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cross Timbers Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Cross Timbers Mo</u>		
DATE REC'D BY LOCAL REG. <u>6-7-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] [Address]</u>			

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

JUN 17 1954

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 Gay E. Shelton

Licensed Embalmer No. 4700

P. O. Address Independence, 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.