

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14655

State File No.

FILED JUN 13 1955

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5120 Registrar's No. 142

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY OR TOWN <u>Rural, Columbia</u>	c. LENGTH OF STAY (in this place) <u>2 Wks.</u>	c. CITY OR TOWN <u>Rocheport, R.F.D</u>	d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 Mi. N. Columbia</u>		STREET ADDRESS (If rural, give location) <u>9 Mi N.W. Columbia</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Susie Alice</u>	b. (Middle) <u>Farrar</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>June 3, 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 24, 1892</u>	9. AGE (in years last birthday) <u>63</u>	IF UNDER 1 YEAR Months Days	IF UNDER 14 HRS. Hours Min.
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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 <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Boone County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Elliott Wilhite</u>	13b. MOTHER'S MAIDEN NAME <u>Ida Long</u>	14. NAME OF HUSBAND <u>Don Farrar</u>
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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>- - - -</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Grover Farrar, Columbia, RFD#6</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the pancreas</u>		<u>2 mos</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>choleystitis</u> DUE TO (c)		<u>unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Inanition</u>		<u>1 year</u>	

19a. DATE OF OPERATION <u>5-10-55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma pancreas</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 25 Apr, 1955, to 3 June, 1955, that I last saw the deceased alive on 2 June, 1955, and that death occurred at 2 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wendell W. Humber</u>	23b. ADDRESS <u>4016 GUITAR BLDG COLUMBIA MO</u>	23c. DATE SIGNED <u>June 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/5/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>June 7, 1955</u>	REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>	25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Memorial Funeral Home, Columbia, Mo.</u>
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(Licensed Embalmers' States put on Reverse Side)

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
Signature of Student Embalmer

Signed *Lynard H. Spunk*

Licensed Embalmer No. *401*

P. O. Address *Columb.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.