

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35693

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter Liberty Twp/		c. LENGTH OF STAY (in this place) 17 yr.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Davis Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter, Missouri	
		d. STREET ADDRESS (If rural, give location) 316 Fanetta	
3. NAME OF DECEASED (Type or Print) a. (First) Arch b. (Middle) nmi c. (Last) Farr			4. DATE OF DEATH (Month) (Day) (Year) Oct. 11, 1955
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 11, 1881
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nursery business	11. BIRTHPLACE (City and State or Foreign Country) / Piggott, Ark.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nursery business		10b. KIND OF BUSINESS OR INDUSTRY nurseryman	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Wesley Farr		13b. MOTHER'S MAIDEN NAME Nellie Rodrey	14. NAME OF HUSBAND OR WIFE Ethel Farr
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. X X X X X X X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ethel Farr Dexter, Mo.
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.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>			6 hr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Sclerosis</u>			
DUE TO (c) <u>4201</u>			
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)			
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 19 5/14, 19, to Oct 11, 1955 that I last saw the deceased alive on 10-13, 1955 and that death occurred at 8 p. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degrees or title) S. S. Davis, M.D.		23b. ADDRESS Dexter, Mo.	
23c. DATE SIGNED 10-13-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10-14-55	
24c. NAME OF CEMETERY OR CREMATORY Hagy Cemetery		24d. LOCATION (City, town, or county) (State) Dexter, Missouri	
DATE REC'D BY LOCAL REG. 10/18/55		REGISTRAR'S SIGNATURE Delmar J. Jenkins 4094	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins & Sons Dexter, Mo.			

(Discussed Embalmer's Statement 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
Student Embalmer

Signed Marsh Wattens

Licensed Embalmer No. 4717

P. O. Address Perter Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.