

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21011**

FILED JUN 25 1956

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY **Johnson**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Johnson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Holden**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Holden**

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **Hancock Nursing Home**

d. STREET ADDRESS (If rural, give location) **West 4th St.**

3. NAME OF DECEASED
a. (First) **Harrison** b. (Middle) **Clyde** c. (Last) **Farrar**

4. DATE OF DEATH **June 11, 1956**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **Nov. 3, 1868**

9. AGE (In years last birthday) **87**

UNDER 1 YEAR Months _____ Days _____ # UNDER 1 MIN. Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer**

10b. KIND OF BUSINESS OR INDUSTRY **Agriculture**

11. BIRTHPLACE (City and State or Foreign Country) **Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Samuel Farrar**

13b. MOTHER'S MAIDEN NAME **Winifred Harrison**

14. NAME OF HUSBAND OR WIFE **Ella Farrar (deceased)**

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. **none**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Cliffie Wallace, Holden, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Chronic Myocarditis**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Gen arteriosclerosis**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION. **4221**

20. AUTOPSY? YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Kelly Rawlins M.D.**

23b. ADDRESS **Holden Mo.**

23c. DATE SIGNED **6/11/56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial**

24b. DATE **June 13, 1956**

24c. NAME OF CEMETERY OR CREMATORY **Rock Spring Cemetery**

24d. LOCATION (City, town, or county) (State) **Holden, Mo.**

DATE REC'D BY LOCAL REG. **June 15, 1957**

REGISTRAR'S SIGNATURE **Mrs. H. V. Bedford**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **E. B. CAST HOLDEN MO**

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

50

RECEIVED
JUN 18 1956
JOHNSON COUNTY HEALTH DEPT

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

E. B. Clark

Licensed Embalmer No. 4059

P. O. Address Holden, 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.