

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8476

FILED MAR 22 1957

State File No.

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 20

1. PLACE OF DEATH a. CITY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Fayette, Missouri</u>) c. LENGTH OF STAY (In this place) <u>36 hrs</u>		c. CITY OR TOWN <u>Fayette</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>106 Reynolds Street</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle) <u>DANIEL</u>	c. (Last) <u>FARRINGTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 24, 1957</u>
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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>Nov. 12, 1877</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>79</u> <u>3</u> <u>12</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Howard County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Elliott Scott Farrington</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy Ann Woods</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Margaret Smith</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>492-12-4998</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs James Daniel Farrington</u>	ADDRESS <u>Fayette</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, ashenia, 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>Cor pulmonale</u>		<u>unknown</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic pulmonary emphysema</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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>5271</u>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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 Jan 1, 1947, to Feb 24, 1957, that I last saw the deceased alive on Feb 24, 1957, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Fayette, Missouri</u>	23c. DATE SIGNED <u>3-5-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/27/1957</u>	24c. NAME OF CEMETERY OR CREMATOR <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fayette, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-5-57</u>	REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>Ralph A. Carr</u>	ADDRESS <u>Fayette, Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Ralph A. Carr*

Licensed Embalmer No. *334*

P. O. Address *Jayette, Va*

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.