

health, welfare, public service, 000 0 -56, diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24079  
STATE FILE NUMBER

FILED AUG 5 1957

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 184

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>FRANKLIN</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>WASHINGTON</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>UNION</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. FRANCIS</b>		Length of stay in 1b	d. STREET ADDRESS <b>R.R. 2</b> (If outside, give location)		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>HARLEY</b> Middle <b>JEROME</b> Last <b>FARRAR</b>			4. DATE OF DEATH Month <b>JULY</b> Day <b>30</b> Year <b>1957</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY 3, 1888</b>	9. AGE (In years last birthday) <b>69</b> IF UNDER 1 YEAR IF UNDER 24 HRS. Months <b>27</b> Days <b>0</b> Hours <b>0</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and state or country) <b>CHAMPION CITY, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>RUBEN FARRAR</b>			14. MOTHER'S MAIDEN NAME <b>MARTHA MOMAN</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>492-36-3778</b>	17. INFORMANT <b>EMMA FARRAR</b> Address <b>UNION, MO.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic obstruction</i>					INTERVAL BETWEEN ONSET AND DEATH <i>3 da</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Strangulated left inguinal hernia</i>					<i>11</i>
DUE TO (c) <i>5610</i>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Underwent bilateral resection two days before death</i>					19. WAS AUTOPSY PERFORMED? <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part or Part II of item 18.)				
20c. TIME OF INJURY Hour <b>7:30 PM</b> Month; Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <i>7/25/57</i> to <i>7/30/57</i> and last saw her alive on <i>7/30/57</i> . Death occurred at <i>7:30 PM</i> on the date stated above; and to the best of my knowledge, from the cause stated.					
22a. SIGNATURE <i>E. F. Altman</i> (Degree or title)				22b. ADDRESS <i>Union MO.</i>	22c. DATE SIGNED <i>7/31/57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>8-2-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>UNION CEMETERY</b>		23d. LOCATION (City, town, or county) <b>UNION MO.</b>	(State)
24. FUNERAL DIRECTOR <i>E. F. Altman</i> ADDRESS <b>UNION, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>8/1/57</b>		26. REGISTRAR'S SIGNATURE <i>E. F. Altman</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

10/5 1957

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 *E. A. Altman* .....

Licensed Embalmer No. 168

P. O. Address *Genoa* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.