

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38969

STATE FILE NUMBER

FILED OCT 17 1957

Registration District No. 366 Primary Registration District No. 6243 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY Washington				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Washington					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Potosi R F D 0		1100 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD #1 10 mi. W			Length of stay in lb 50 years		d. STREET ADDRESS (If outside, give location) R F D #1 -10 mi. W		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First PERRY Middle ROWLAND Last FARROW				4. DATE OF DEATH October 10, 1957 Month Day Year					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 15th. 1869		9. AGE (In years last birthday) 87 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Washington, Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Robert Farrow				14. MOTHER'S MAIDEN NAME Inez Peppers					
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 Marvin Farrow Rt. 1, Potosi, Mo Address				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma nose with extensive metastases to face Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) extensive metastases to face DUE TO (c) cervical glands PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH 0		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.									
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 1930 to Oct. 10 1957 and last saw him alive on Sept. 16/57 Death occurred at 7:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Deputy or Witness) E. F. Crisswell				22b. ADDRESS Potosi Mo			22c. DATE SIGNED 10/10/57		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
Burial		10/13/1957		Masonic Cemetery		Potosi, Missouri			
24. FUNERAL DIRECTOR ADDRESS C.Z. Boyer & Son Desloge, Mo				25. DATE RECD. BY LOCAL REG. 10/15/57		25. REGISTRAR'S SIGNATURE Herbert Rudall			

OCT 18 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 *B. T. Boyer*

Licensed Embalmer No. *360*

P. O. Address *Seaboard*

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.