

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026408
STATE FILE NUMBER

FILED JUL 16 1958 Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 148

300
1-57

1. PLACE OF DEATH a. COUNTY Pemiscott			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Mo. b. COUNTY Pemiscott)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 6781 Hayti		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hayti		Length of stay in lb 5 yrs.	d. STREET ADDRESS Mallory St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Mattie Middle Last Farrow			4. DATE OF DEATH Month June Day 15 Year 1958		
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1876	9. AGE (in years last birthday) 82	FUNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Houseworker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) N. Carolina		12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME Ben Joyce		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Joe Farrow	
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. 357-14-4610		17. INFORMANT Address Joe Farrow-Hayti, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Heart Disease					INTERVAL BETWEEN ONSET AND DEATH 6 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Entered hosp. because of pneumonia					2 yrs.
DUE TO (c) Auto accident coronary left side + hip - pneumonia left					6 weeks.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201F					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 I of PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 6-12-58 to 6-15-58 and last saw her ^{him} alive on 6-16-58 Death occurred at 3 pm. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Assistant (Degree or title)			22b. ADDRESS Hayti, Mo.		22c. DATE SIGNED 6-28-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-21-58	23c. NAME OF CEMETERY OR CREMATORY Sand Hill Cemetery		23d. LOCATION (City, town, or country) (State) New Madrid, Mo.
24. FUNERAL DIRECTOR Ponder Funeral Home-Lilbourn, Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. 7-3-58	26. REGISTRAR'S SIGNATURE John H. German	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

7-200-58

SEP 25 1958

JUL 14 1958

PENNSCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *Harold H. Pender*

Licensed Embalmer No. *5030*

P. O. Address *Libourne, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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