

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006508

STATE FILE NUMBER

FILED MAR 16 1959 Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 34

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| 1. PLACE OF DEATH a. COUNTY Nodaway | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Nodaway | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville | | c. CITY OR TOWN Maryville <i>0743</i> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis | | d. STREET ADDRESS (If outside, give location) 1302 No. Mulberry | |
| Length of stay in lb 7 weeks | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First HARRY Middle W. Last FARRAR | | | 4. DATE OF DEATH Month 3 Day 8 Year 59 | | | |
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| 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 10/12/70 | 9. AGE (In years) 88 | FUNDER 1 YEAR Months 8 Days 15 | IF UNDER 24 HRS. Hours 15 Min. 15 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-retired | 10b. KIND OF BUSINESS OR INDUSTRY Own account | 11. BIRTHPLACE (City and state or country) Monmouth, Ill. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Joseph C. Farrar | 13b. MOTHER'S MAIDEN NAME Minnie E. Pace | 14. NAME OF HUSBAND OR WIFE Hattie Jane Holt Farrar |
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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) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Address Mrs. N. J. Vendetti, Maryville, Mo. |
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| 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 of Stomach | | INTERVAL BETWEEN ONSET AND DEATH 6 hrs. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 151X | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) |
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| 20c. TIME OF INJURY Hour _____ 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 |
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| 21. I attended the deceased from 1/30/59 , to 3/8/59 and last saw ^{her} _{him} alive on 3/8/59 Death occurred at 5:00 A. M. on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE <i>[Signature]</i> (Degree or title) M. D. | 22b. ADDRESS Maryville, Missouri | 22c. DATE SIGNED 3/8/59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 3/10/59 | 23c. NAME OF CEMETERY OR CREMATORY Oak Hill | 23d. LOCATION (City, town, or county) (State) Maryville, Missouri |
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| 24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo | ADDRESS | 25. DATE RECD. BY LOCAL REG. 3-9-59 | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Curtis C. Hensley*

Licensed Embalmer No. *4936*

P. O. Address *Merfyll, W.*

**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.**