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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020265
STATE FILE NUMBER

FILED JUN 29 1959 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 193

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville, Mo. Inside Limits Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Grim-Smith Hospital Length of stay in 1b 1-Day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Putnam
c. CITY OR TOWN Unionville, Mo. Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First Middle Last: Joseph Henri Farance

4. DATE OF DEATH Month Day Year: June 13, 1959

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED X NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH: October 11, 1880
9. AGE (In years last birthday): 78 IF UNDER 1 YEAR Months 8 Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Proprietor
10b. KIND OF BUSINESS OR INDUSTRY: Electric Repair Shop
11. BIRTHPLACE (City and state or country): Knox County, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: Joseph H. Farance
13b. MOTHER'S MAIDEN NAME: Sarah Hustead
14. NAME OF HUSBAND OR WIFE: Mrs Goldie Farance

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 500-36-1613A
17. INFORMANT: Goldie Farance Address: Unionville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute yellow atrophy of liver — INTERVAL BETWEEN ONSET AND DEATH: 14 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Infection Hepatitis — 30 Days
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) C92X
19. WAS AUTOPSY PERFORMED? YES NO X

20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
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 Sept 1954, to June 13, 1959 and last saw him alive on June 13, 1959
Death occurred at 11:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Milton T. English, M.D.
22b. ADDRESS Kirksville, Mo.
22c. DATE SIGNED 6.15.59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June 15, 1959
23c. NAME OF CEMETERY OR CREMATORY Unionville Cemetery
23d. LOCATION (City, town, or county) (State) Unionville, Mo.

24. UNDERTAKER OR DIRECTOR Comstock Funeral Home by J.W. Comstock ADDRESS Unionville, Mo.
25. DATE RECD. BY LOCAL REG. 6-23-1959
26. REGISTRAR'S SIGNATURE Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

The federal statutes, e.g., 18 USC 1001, provide penalties for false statements or fraud in securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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Milton T. English M.D.

SEP 24 1958

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 James W. Comstock

Licensed Embalmer No. 4197

P. O. Address Unionville,

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.