URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-037047

FILED VS OCT 22 1959

STATE FILE NUMBER

Registration District No. 264 Primary Registration District No. _____ Registrar's No. 50

ENDED

1. PLACE OF DEATH
a. COUNTY Ozark
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bridges — Length of stay in 1b: life
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): home — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Ozark
c. CITY OR TOWN Bridges twsp — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rural — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Sam — Middle — Last Farless

4. DATE OF DEATH: Month 10 Day 14 Year 1959

5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-17-90
9. AGE (last birthday): 69 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: 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): Gainesville, Mo
12. CITIZEN OF WHAT COUNTRY: U. S. A/

13a. FATHER'S NAME: John Farless
13b. MOTHER'S MAIDEN NAME: Elizabeth Miller
14. NAME OF HUSBAND OR WIFE: Maude Farless

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W. W. I
16. SOCIAL SECURITY NO.: 493-16-5242
17. INFORMANT Address: Mrs Maude Farless, Gainesville

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Ventricular fibrillation	2 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Myocardial infarction	2 min
DUE TO (c)	congestive heart failure	1 week

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Severe pulmonary emphysema

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 10/9/59 to 10/14/59 and last saw her/him alive on 10/14/59
Death occurred at 10 45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Arthur L. Beard MD
22b. ADDRESS: Gainesville, Mo.
22c. DATE SIGNED: 10/15/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-17-59
23c. NAME OF CEMETERY OR CREMATORY: Mammoth
23d. LOCATION (City, town, or county) (State): Ozark County, Mo.

24. FUNERAL DIRECTOR ADDRESS: Clinkingbeard, Gainesville, Mo
25. DATE RECD. BY LOCAL REG.: 10-16-59
26. REGISTRAR'S SIGNATURE: Thana Mahan

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS OCT 27 1959

OCT 26 1959

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 John R. Usrey

Licensed Embalmer No. 4885

P. O. Address Gainesville

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