DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 7 1960

-60-030381
STATE FILE NUMBER

NDED

Registration District No. 142 Primary Registration District No. 4231 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mtn. View, Mo. | Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home | Inside Limits Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print) First: Lincoln Middle: Sherwood Last: Farrar

4. DATE OF DEATH Month: August Day: 18 Year: 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 11/5/1888
9. AGE (last birthday) 71
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) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Shannon County, Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME J. K. Farrar
13b. MOTHER'S MAIDEN NAME Elizabeth Duncan
14. NAME OF HUSBAND OR WIFE Nellie Farrar

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. Yes
17. INFORMANT Nellie Farrar Address Mtn. View, 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) Carcinomatosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Primary CA of Colon
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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

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 June 1958, to Aug. 18, 1960 and last saw her/him alive on Aug. 17, 1960
Death occurred at 7:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. C. Walton (Degree or title) M.D.
22b. ADDRESS Mt. View, Mo.
22c. DATE SIGNED 8-30-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8/21/1960
23c. NAME OF CEMETERY OR CREMATORY Mtn. View City Cem.
23d. LOCATION (City, town, or county) (State) Mountain View, Mo.

24. FUNERAL DIRECTOR Duncan Funeral Home ADDRESS Mtn. View, Mo.
25. DATE RECD. BY LOCAL REG. 9-1-60
26. REGISTRAR'S SIGNATURE Laura Mitchell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Charles D. Gar

Signature of Student Embalmer

Licensed Embalmer No. 5107

P. O. Address Mtn Ve

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