

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-045190  
STATE FILE NUMBER

AMENDED

Primary Registration District No. 3026 Registrar's No. 595

<b>1. PLACE OF DEATH</b> a. COUNTY <b>JACKSON</b> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>INDEPENDENCE</b> Length of stay in 1b <b>64 yrs.</b> c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1314 TRUMAN ROAD</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b> c. CITY OR TOWN <b>INDEPENDENCE</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (if outside, give location) <b>1412 HARDY</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
<b>3. NAME OF DECEASED</b> (Type or print) First <b>GEORGE</b> Middle <b>ROBERT</b> Last <b>FARROW</b>				<b>4. DATE OF DEATH</b> Month <b>DECEMBER</b> Day <b>12</b> , Year <b>1961</b>									
<b>5. SEX</b> <b>MALE</b>		<b>6. COLOR OR RACE</b> <b>WHITE</b>		<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <b>7-13-1897</b>		<b>9. AGE (last birthday)</b> <b>64</b>		<b>IF UNDER 1 YEAR</b> Months _____ Days _____ Hours _____		<b>IF UNDER 24 HR</b> Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>INSECTOR</b>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>REMINGTON-ARMS</b>				<b>11. BIRTHPLACE</b> (City and state or country) <b>INDEPENDENCE, MO.</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>			
<b>13a. FATHER'S NAME</b> <b>MOSES FARROW</b>				<b>13b. MOTHER'S MAIDEN NAME</b> <b>ANNA FARROW</b>				<b>14. NAME OF HUSBAND OR WIFE</b> <b>EVA FARROW</b>					
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown)   (If yes, give war or dates of service) <b>YES</b>   <b>WWI</b>						<b>17. INFORMANT</b> Address <b>EVA FARROW, 1412 Hardy, Independence, Mo.</b>							
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion</b> DUE TO (b) <b>Thrombosis coronary</b> DUE TO (c) <b>atherosclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <b>immediate</b> <b>immediate</b> <b>years.</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Post-Myocardial infarction</b>										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)									
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE							
<b>21. I attended the deceased from</b> <b>1951</b> , to <b>12-12-61</b> and last saw her alive on <b>5-8-61</b> Death occurred at <b>7-8</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
<b>22a. SIGNATURE</b> (Degree or title) <b>William Louis Mundy, Jr., D.O.</b>						<b>22b. ADDRESS</b> <b>1103 Grand K.C. Mo.</b>			<b>22c. DATE SIGNED</b> <b>12-13-61</b>				
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>BURIAL</b>			<b>23b. DATE</b> <b>Dec. 15, 1961</b>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>MD. GROVE CEMETERY</b>			<b>23d. LOCATION</b> (City, town, or county) (State) <b>INDEPENDENCE, MISSOURI</b>					
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>GEO. C. CARSON &amp; SONS, INDEPENDENCE, MO.</b>						<b>25. DATE RECD. BY LOCAL REG.</b> <b>12-13-61</b>		<b>26. REGISTRAR'S SIGNATURE</b> <b>Alba L. Craig</b>					

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Munday  
420 Prof

JAN 10 1962

DEC 22 1961

**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 Marshall C. Blackwell

Licensed Embalmer No. 4713

P. O. Address Raytown, 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.