

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046274

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

REG 1211059

SL 21012

11872

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11872

AMENDED

1. PLACE OF DEATH
a. COUNTY
ST. LOUIS, MO.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **MISSOURI** b. COUNTY **TEXAS**

b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b
OR TOWN **ST. LOUIS, MO.** **5 DAYS**

c. CITY OR TOWN **SUMMERVILLE** Inside Limits
Yes No

c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION
VAH, ST. LOUIS, MO. Inside Limits
Yes No

d. STREET ADDRESS (if outside, give location) Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
JESSE E FARROW

4. DATE OF DEATH Month Day Year
12/19/61

5. SEX
MALE

6. COLOR OR RACE
WHITE

7. Married Never Married
Widowed Divorced

8. DATE OF BIRTH
9/18/97

9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR.
64 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
LABORER

10b. KIND OF BUSINESS OR INDUSTRY
-

11. BIRTHPLACE (City and state or country)
SUMMERVILLE, MO.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME
JOHN FARROW

13b. MOTHER'S MAIDEN NAME
MARY HANCE

14. NAME OF HUSBAND OR WIFE
HELEN FARROW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
YES WW I

17. INFORMANT Address
HELEN FARROW (WIDOW) SEE # 2

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

IMMEDIATE CAUSE (a) **MYOCARDIAL INFARCTION**

INTERVAL BETWEEN ONSET AND DEATH
8 HOURS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) **ARTERIOSCLEROTIC HEART DISEASE**

20 YEARS

DUE TO (c) **420.0**

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 **12/14/61** to **12/19/61** and last saw him alive on **12/19/61**
Death occurred at **4:45 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **ARNOLD M. GOLDMAN** (Print name or title)
Arnold M. Goldman M.D.

22b. ADDRESS
VAH, ST. LOUIS, MO.

22c. DATE SIGNED
12/19/61

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
12-24-61

23c. NAME OF CEMETERY OR CREMATORY
Bethel Cemetery

23d. LOCATION (City, town, or county) (State)
Summerville, Missouri

24. FUNERAL DIRECTOR ADDRESS
Evans Funeral Home Houston, Missouri

25. DATE RECD. BY LOCAL REG.
DEC 20 1961

26. REGISTRAR'S SIGNATURE
Earl Smith, M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

JAN 31 1962

JAN 23 1962

STATEMENT BY LICENSED EMBALMER

not embalmed

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. 638
working under my personal supervision.

Student *Stephen E. Robinson*
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.