

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-029744

STATE FILE NUMBER

Registration District No. 340 Primary Registration District No. 2075 Registrar's No. 77

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 19 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Stoddard		a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dexter		c. CITY OR TOWN Dexter	
Length of stay in lb 42 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 316 W. Fannetta		d. STREET ADDRESS (If outside, give location) 316 W. Fannetta	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Edna Ethel Farr			4. DATE OF DEATH Month Day Year July 8, 1962
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-7-1888
9. AGE (last birthday) 73		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) housewife		10b. KIND OF BUSINESS OR INDUSTRY housewife	11. BIRTHPLACE (City and state or country) Sullivan, Ind.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Mardecia Barnes	
13b. MOTHER'S MAIDEN NAME Susan Letsinger		14. NAME OF HUSBAND OR WIFE deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. XXXXXXXXXX	
17. INFORMANT Mrs. Ada Bridges Puxico, Mo.		Address	
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) No medical attendant			
DUE TO (b) Investigation made by coroner and no evidencence of foul play found.			
DUE TO (c)			
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.
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 _____, to _____ and last saw her/him alive on _____.			
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
21. SIGNATURE <i>Velma J. Jenkins</i> (Degree or title)		22b. ADDRESS Dexter, Mo.	
22c. DATE SIGNED 7-11-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 7-11-62	23c. NAME OF CEMETERY OR CREMATORY Dexter Cemetery	23d. LOCATION (City, town, or county) (State) Dexter, Mo.
24. FUNERAL DIRECTOR Watkins & Sons ADDRESS Dexter, Mo.	25. DATE RECD. BY LOCAL REG. 7-14-62	26. REGISTRAR'S SIGNATURE <i>Velma J. Jenkins</i>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1	<u>1035</u>		
2	<u>1035</u>		
3			
4	<u>1</u>		
5	<u>2</u>		
6			
7	<u>1</u>		
8	<u>2</u>		
9	<u>7955</u>		
10			
11			
12	<u>90-8</u>		
13	<u>2-0</u>		

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 Earl Watkins

Licensed Embalmer No. 4964

P. O. Address Dexter, 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.