

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032184

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. \_\_\_\_\_ Registrar's No. 363

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 28 1962

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Crawford</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Francois Township</b>		Length of stay in 1b <b>23 days</b>	c. CITY OR TOWN <b>Steelville</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State Hospital No. 4</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Route 1</b>
3. NAME OF DECEASED (Type or print) First <b>RAYMOND</b> Middle <b>AUSTIN</b> Last <b>FARRAR</b>		4. DATE OF DEATH Month <b>August</b> Day <b>16</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 28, 1908</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	9. AGE (last birthday) <b>54</b>
11. BIRTHPLACE (City and state or country) <b>Crawford County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Austin Monroe Farrar</b>		13b. MOTHER'S MAIDEN NAME <b>Letha Vina Hopkins</b>	14. NAME OF HUSBAND OR WIFE <b>Bessie Lucille Farrar</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT Address <b>Records, State Hosp. #4, Farmington, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Aplastic anemia</b> DUE TO (b) <b>Unknown</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Schizophrenic reaction, chronic undifferentiated type</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
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. _____ p.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 <b>August 7, 1962</b> to <b>August 16, 1962</b> and last saw <sup>xxx</sup> him alive on <b>August 16, 1962</b> Death occurred at <b>7:30 P.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>John A. Brennan, M.D.</i>		22b. ADDRESS <b>State Hospital No. 4, Farmington, Missouri</b>	22c. DATE SIGNED <b>8/17/62</b>
23a. BURIAL CREMATION, DEMONSTRATION (Specify) <b>Burial</b>	23b. DATE <b>August 19, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Brown Cemetery</b>	23d. LOCATION (City, town, or county) <b>Crawford County, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Helbert Funeral Home, Steelville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Aug 17, 1962</b>	26. REGISTRAR'S SIGNATURE <i>Ester Rudloff</i>

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
**8940**  
**20280**  
**3**  
**4 0**  
**5 1**  
**6**  
**7 0**  
**8 2**  
**92924**  
**10**  
**11**  
**12 93-0**  
**13 1-0**

APR - 9 1963

SEP - 5 1962

**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 Paul Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington 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.