

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007888

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 31

VS 300
Rev. 4/59

1 0795
2 0795
3
4 1
5 2
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7 0
8 2
94221
10
11
12 1-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Mo. b. COUNTY Perry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Perryville		c. CITY OR TOWN Perryville	
Length of stay in 1b 4 Yrs.		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Perry Co. Mem. Hosp.		d. STREET ADDRESS (If outside, give location) 115 W. Ste. Maries	
3. NAME OF DECEASED (Type or print) First Chloe Middle Alice Last Farrar		4. DATE OF DEATH Month 2 Day 28 Year 63	
5. SEX F	6. COLOR OR RACE W.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-17-81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Perry County, Mo.
13a. FATHER'S NAME Leo Byrd		13b. MOTHER'S MAIDEN NAME Clara Dempster	14. NAME OF HUSBAND OR WIFE William E. Farrar
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of) No		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease 1-2 yr.		17. INFORMANT Mrs. Maude Frenzel, Perryville, Mo.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) Post surgical - Volvulus - small intestine		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 Perryville, Mo.	
21. I attended the deceased from 4-28-62 to 2-28-63 and last saw her alive on 2-28-63 Death occurred at 5:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 3-2-63	
22a. SIGNATURE (Degree or title) G. L. Fairchild, M.D.		22b. ADDRESS Perryville, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-3-63	23c. NAME OF CEMETERY OR CREMATORY Brazeau Presbyterian Cem. Brazeau, Mo.	
24. FUNERAL DIRECTOR Young & Sons Perryville Mo		25. DATE RECD. BY LOCAL REG. 3-3-63	26. REGISTRAR'S SIGNATURE Jose J. Zoellner

USE BLACK INK
OR
TYPEWRITER RIBBON

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

Wallace Young

Licensed Embalmer No. 4029

P. O. Address Perryville 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.