

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

65-039641

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

137

Primary Registration District No.

4218

Registrar's No.

261

FILED NOV 15 1965

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN WindsorLength of stay in 1b
1 mo.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Windsor Community HospInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

mo

b. COUNTY

Johnson

c. CITY
OR TOWN LeetonInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
Streets not numberedReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

BESSIE

MAE

FARIER

4. DATE
OF DEATH

Month

Day

Year

nov

9

1965

5. SEX

Female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3/7/1885

9. AGE (last birthday)

80

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days 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

Home

11. BIRTHPLACE (City and state or country)

Benton County mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Edwin Davenport

13b. MOTHER'S MAIDEN NAME

Louisa Miller

14. NAME OF HUSBAND OR WIFE

Wm Farier, 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.

none

17. INFORMANT

E.O. Farier

Address Leeton, mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Cardio-Vascular Collapse

INTERVAL BETWEEN ONSET AND DEATH

2 hrs.

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

DUE TO (b)

Acute Coronary Thrombosis

8 1/2 hrs.

DUE TO (c)

Arteriosclerosis & Arteriosclerotic Heart Disease 3-4 yrs

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 ☐ Unknown19. 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, Year20d. 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 July-1-53 to 11-9-65 and last saw her alive on 11-9-65
Death occurred at 10:45 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Claude M. Kueber, M.D.

22b. ADDRESS

Windsor, Mo.

22c. DATE SIGNED

11-11-65

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11/12/1965

23c. NAME OF CEMETERY OR CREMATORY

Lincoln Cemetery

23d. LOCATION (City, town, or county)

Lincoln, mo

(State)

24. FUNERAL DIRECTOR

Fred Davis & Son, Lincoln, mo

ADDRESS

25. DATE RECD. BY LOCAL REG.

11-12-65

26. REGISTRAR'S SIGNATURE

Mildred Burgen

MB

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

1 0421

2 0510

3

4 1

5 2

6

7 0

8 0

9 420.1

10

11

12 3-0

13 1-2

NOV 23 1965

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 Le Roy Davis

Licensed Embalmer No. 5217

P. O. Address Lincoln, 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.

Permit Obtained

11-12-65

(M.B.)