

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5524**

FILED FEB 17 1950

BIRTH NO. _____ REG. DIST. NO. **238** PRIMARY REG. DIST. NO. **5823** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE MO. b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) Farrenburg Rural	c. LENGTH OF STAY (In this place) STAY	c. CITY (If outside corporate limits, write RURAL and give township) Farrenburg Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Irvin	c. (Last) Farrenburg	4. DATE OF DEATH (Month) Feb. (Day) 6 (Year) 1950
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5. SEX Male	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Jan 12, 1869	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) Muncie, Indiana	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Jonathan Farrenburg	13b. MOTHER'S MAIDEN NAME Hannah Jane Trowbridge	14. NAME OF HUSBAND OR WIFE
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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'S SIGNATURE OR NAME Cecil Farrenburg	ADDRESS Farrenburg, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Senile changes.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		335A	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **November, 1945**, to **January, 1950**, that I last saw the deceased alive on **January 3, 1950**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Louis Smith M.D.	(Degree or title)	23b. ADDRESS New Madrid Mo.	23c. DATE SIGNED 7 Feb 50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB. 7	24c. NAME OF CEMETERY OR CREMATORY Farrenburg	24d. LOCATION (City, town, or county) (State) Farrenburg Mo.
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DATE REC'D BY LOCAL REG. 2-11-50	REGISTRAR'S SIGNATURE Helen Louise Jones	25. FUNERAL DIRECTOR'S SIGNATURE Richard M. L. Co. New Madrid Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 14

RECEIVED

District Health Office No.

District File Number 450-1

Date Filed _____

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 _____
Student Embalmer

Signed Donald L. Roberts

Licensed Embalmer No. 4722

P. O. Address New Madrid

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 this body is not embalmed, fact should be so stated above.