

FILED APR 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12714

106

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. \_\_\_\_\_

6422  
4

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u>		b. COUNTY <u>McPherson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. LENGTH OF STAY (in this place) <u>lyr. lmo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>McPherson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton Convalescent Center</u>		d. STREET ADDRESS <u>Unknown</u>		(If rural, give location) <u>8</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Francis</u> c. (Last) <u>Farnen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 20 1950</u>		
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5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>	8. DATE OF BIRTH <u>April 12 1876</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>8</u>	IF UNDER 11 HRS. Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Music Store</u>		11. BIRTHPLACE (State or foreign country) <u>Menlo Iowa 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Andrew Farnen</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Burkhart Haight</u>		14. NAME OF HUSBAND OR WIFE <u>Ovella Varie Farnen (deceased)</u>	
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W. M. Bennington</u>		ADDRESS <u>Kansas City, Kan.</u>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>		DUPLICATE					
ANTECEDENT CAUSES		DUE TO (b) <u>Uræmia</u>					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Senile Dementia</u>					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Alcoholism</u>				<u>304X</u>	

19a. DATE OF OPERATION <u>4/20/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Chronic Alcoholism</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clinton Mo Kansas</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4/20 1950 8:50</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Slipped</u>	
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22. I hereby certify that I attended the deceased from 4/2, 1950, to 4/20, 1950, that I last saw the deceased alive on 4/20, 1950, and that death occurred at 8:50 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Ed. C. Pielor M.D.</u>		(Degree or title)		23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>4/20/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Apr. 22 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Municipal Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sabetha Kansas</u>	
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DATE REC'D BY LOCAL REG. <u>April 22-50</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		4.22		25. FUNERAL DIRECTOR'S SIGNATURE <u>Funeral Home of Clinton Mo</u>		ADDRESS	
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MAY 25 1950

MAY 18 1950

RECEIVED

District Health Officer No. 7,

District File Number 3-50-426

Date Filed 4-29-50

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 Jud E. Williams, Jr.  
Licensed Embalmer No. 45516

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.