

FILED JUN 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20038

BIRTH NO. _____		REG. DIST. NO. 141		PRIMARY REG. DIST. NO. 5550		Registrar's No. 23			
1. PLACE OF DEATH a. COUNTY <b>H owell</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Howell</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hocomo, Missouri</b>			c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>Hocomo, Missouri</b>			04610		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>X</b>				d. STREET-ADDRESS (If rural, give location) <b>R F D</b>					
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Susan</b>		b. (Middle) <b>Luella</b>		c. (Last) <b>Fare</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>4 13 50</b>		5. SEX <b>F /</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M /</b>			
8. DATE OF BIRTH <b>7-16-1884</b>		9. AGE (In years last birthday) <b>65</b>		10. UNDER 1 YEAR Months Days <b>6 /</b>		11. UNDER 24 HRS. Hours Min. <b>27 /</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>		11. BIRTHPLACE (State or foreign country) <b>Howell County, Missouri</b>			
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				13a. FATHER'S NAME <b>Wm. Wolfe</b>		13b. MOTHER'S MAIDEN NAME <b>? Hensley</b>			
14. NAME OF HUSBAND OR WIFE <b>Thos. R. Fare</b>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No X</b>		16. SOCIAL SECURITY NO. <b>X</b>			
17. INFORMANT'S SIGNATURE OR NAME <b>Thos. R. Fare, Hocomo, Missouri</b>				18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. INTERVAL BETWEEN ONSET AND DEATH			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <b>Acute dilatation of heart</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Myocarditis</b> DUE TO (c) <b>Bronchial Pneumonia</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				19. INTERVAL BETWEEN ONSET AND DEATH <b>12 22</b>	
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) (Min.)			
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 <b>12-11</b> , 19 <b>49</b> , to <b>April 12</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>April 12</b> , 19 <b>50</b> , and that death occurred at <b>4:05 AM.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>H. R. James D.O.</b>				23b. ADDRESS <b>Bakersfield mo</b>		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>B U</b>		24b. DATE <b>4-15-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Big Spring</b>		24d. LOCATION (City, town, or county) (State) <b>Hocomo, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>6-12-50</b>		REGISTRAR'S SIGNATURE <b>Beatrice Cook 379</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Robertsons, West Plains, Missouri</b>					

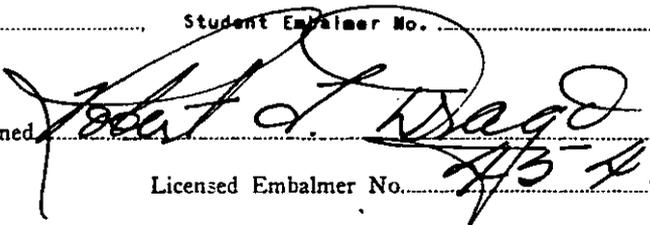
RECEIVED 6-19-50  
District Health Officer No. 5,  
District File Number 650-356  
Date Filed 6-19-50

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  \_\_\_\_\_  
Licensed Embalmer No. 43-47  
P. O. Address \_\_\_\_\_

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.