No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29824

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 215

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON CITY
c. LENGTH OF STAY (in this place): 3 Wks 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. MARYS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COLUMBIA
d. STREET ADDRESS (If rural, give location): 711 TANDY STREET

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): THOMAS
c. (Last): FARTHING

4. DATE OF DEATH (Month) (Day) (Year): Sept 12 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W + DOWED
8. DATE OF BIRTH: FEB. 13, 1874
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 6, Days 29 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: FARMER
11. BIRTHPLACE (State or foreign country): MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: EDWARD FARTHING
13b. MOTHER'S MAIDEN NAME: MARY (UNKNOWN)
14. NAME OF HUSBAND OR WIFE: RUBY MARSHALL FARTHING
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Oral Farthing — **ADDRESS**: Columbia Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of prostate — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): _____

DUE TO (c): Uremia — 1 mo.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

77X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: _____
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/11, 1948, to 9/13, 1950, that I last saw the deceased alive on 9/13, 1950, and that death occurred at 3:04 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title): Everett D Sugarbaker, M.D.
23b. ADDRESS: Jefferson City Mo.
23c. DATE SIGNED: 9/13/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 15 1950
24c. NAME OF CEMETERY OR CREMATORY: Columbia Cemetery
24d. LOCATION (City, town, or county) (State): Columbia, Missouri

DATE REC'D BY LOCAL REG.: Sept 13-1950
REGISTRAR'S SIGNATURE: R. P. Dorris MD - MRO
25. FUNERAL DIRECTOR'S SIGNATURE: R. O. Willett — **ADDRESS**: Columbia, Mo.

(Licensed Embalmer's Statement on Reverse Side) by J.S.

RECEIVED 9-19-50
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 9-19-50

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.

Signed Guy H. Shelton

Signed _____
Student Embalmer

Licensed Embalmer No. 4700

P. O. Address Columbia, 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.