

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5579**

BIRTH NO. **FILED MAR 5 1954** REG. DIST. NO. **247** PRIMARY REG. DIST. NO. **4366** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give town or township) Granby	c. LENGTH OF STAY (in this place) yo	c. CITY (If outside corporate limits, write RURAL and give township) Granby 0130	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home		d. STREET ADDRESS 0130	

3. NAME OF DECEASED (Type or Print)	a. (First) EDA	b. (Middle) FRANCES	c. (Last) FARLEY	4. DATE OF DEATH (Month) (Day) (Year) 2-26-1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5-9-1876	9. AGE (In years last birthday) 77	10. UNDER 1 YEAR Months 7 Days 7	11. UNDER 1 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Boone Co. Ark	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wm Holt	13b. MOTHER'S MAIDEN NAME Nancy Summers	14. NAME OF HUSBAND OR WIFE
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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 Mrs. Bill Patterson ADDRESS Granby 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 DAYS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Nov 29, 1953**, to **2-26, 1954**, that I last saw the deceased alive on **2-24, 1954**, and that death occurred at **10 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Melvin M. Adcock M.D.	23b. ADDRESS Lawrence, Mo	23c. DATE SIGNED 3/1/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE 3-1-1954	24c. NAME OF CEMETERY OR CREMATORY Granby Mem	24d. LOCATION (City, town, or county) (State) Granby Mo
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DATE REC'D BY LOCAL REG. Mar. 1, 1954	REGISTRAR'S SIGNATURE M. L. Young 225	25. FUNERAL DIRECTOR'S SIGNATURE F. E. Skumbe ADDRESS Granby, Mo.
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(Licensee Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. _____
District File Number 354-35
Date Filed MAR 4 1954

NEWTON COUNTY HEALTH UNIT

NEOSHO, MISSOURI

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

F. E. Shewmake Jr

Licensed Embalmer No. 4923

P. O. Address Gandy, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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