

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30037**

FILED OCT 15 1956

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5179 Registrar's No. 33

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

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>Rural Lake Rd 37</u>		c. CITY OR TOWN <u>Lebanon</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shorty's Resort</u>		e. STREET ADDRESS (If rural, give location) <u>240 Gadd St. 05371</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>W.</u> c. (Last) <u>Farrington</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 9, 1956</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 26 1911</u>
9. AGE (In years last birthday) <u>45</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stone mason</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Laclede Co. Mo. U.S.A.</u>
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Wm. W. Farrington</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Carliss</u>	
14. NAME OF HUSBAND OR WIFE <u>Deris Farrington</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>500-05-7877</u>		17. INFORMANT'S SIGNATURE OR NAME (ADDRESS) <u>Deris Farrington Lebanon Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>acute attack</u>	
*Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>while at work</u>	
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"/>		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) <u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>Oct 9</u> , 19 <u>56</u> , and that death occurred at <u>3:30 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Abbi Bankson Wolery coroner</u>		23b. ADDRESS <u>Camdenton, MO</u>	
23c. DATE SIGNED <u>Oct 10-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>10/13/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Oakland, Mo.</u>		DATE REC'D BY LOCAL REG. <u>Oct. 12-1956</u>	
REGISTRAR'S SIGNATURE <u>Zilpha J. Draw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Holman Funeral Home</u>	
ADDRESS <u>Lebanon Mo.</u>		ADDRESS <u>Lebanon Mo.</u>	

5561 6 10K

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.....
Signature of Student Embalmer

Signed *Dorsey M Howe*.....

Licensed Embalmer No. *422*.....

P. O. Address *Lebanon,*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.