

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28976**

FILED AUG 30 1957

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla	c. LENGTH OF STAY (in this place) D.O.A.	c. CITY OR TOWN Rolla	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 Phelps County Mem. Hospital		e. STREET ADDRESS (If rural, give location) 602 West 7th Street	

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ELIZABETH c. (Last) FARRAR			4. DATE OF DEATH (Month) (Day) (Year) August 22, 1957				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH February 18, 1955	9. AGE (In years) (last birthday) 2	IF UNDER 1 YEAR Days _____	IF UNDER 24 HRS. Hours _____	Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Rolla, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Maurice Farrar	13b. MOTHER'S MAIDEN NAME Margaret Sanders	14. NAME OF HUSBAND OR WIFE --
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Maurice Farrar	ADDRESS Rolla, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushing Skull injury		INTERVAL BETWEEN ONSET AND DEATH Instant
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Run over by Auto.		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 8304			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 25	20. AUTOPSY? ? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident - Struck	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Rolla	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rolla Phelps Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 22 1957 11:30	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Run over by car in driveway

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased on **8-22, 1957**, and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE S. L. Null, Coroner	(Degree or title)	23b. ADDRESS Rolla Mo	23c. DATE SIGNED 8-23-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug. 24, 1957	24c. NAME OF CEMETERY OR CREMATORY Fayetteville Cemetery	24d. LOCATION (City, town, or county) (State) Fayetteville, Tennessee
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DATE REC'D BY LOCAL REG. Aug-23, 1957	REGISTRAR'S SIGNATURE Nadine L Stoll	25. FUNERAL DIRECTOR'S SIGNATURE Null Sons Funeral Home	ADDRESS Rolla, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Phelps County Health Officer,

County File Number 798

Date Filed 8/28/57

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..... *Paul E. Ne...*

Licensed Embalmer No..... 444

P. O. Address Rolla,

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.