

FILED MAR 19 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH58-009155  
STATE FILE NUMBERRegistration District No. 53 Primary Registration District No. \_\_\_\_\_ Registrar's No. 225

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <u>Shannon</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>near Jackson</u> <sup>0160</sup>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>10 mi N. East Jackson Inter-city</u>			Length of stay in hospital _____			d. STREET ADDRESS (If outside, give location) <u>10 mi N. E. Jackson</u>	
3. NAME OF DECEASED (Type or print) First <u>EDWARD</u> Middle <u>—</u> Last <u>FARROW</u>				4. DATE OF DEATH Month <u>March</u> Day <u>2</u> Year <u>1958</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 13, 1891</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life. Open if retired) <u>Farming &amp; sawmill</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming &amp; lumber</u>	11. BIRTHPLACE (City and state or country) <u>near Jackson Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>Alfred Farrow</u>			14. MOTHER'S MAIDEN NAME <u>Elizabeth Welty Farrow</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>486-38-0265</u>		17. INFORMANT <u>Valodea Farrow Jackson R#4</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma Bronchae c</u> <u>Liver Metastasis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____						INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 year</u>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>157X</u>			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION <u>Jackson Mo</u>	
20e. WHILE AT WORK <input type="checkbox"/>	NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE			
21. I attended the deceased from <u>June 1956</u> to <u>3-2-58</u> and last saw <sup>her</sup> alive on <u>3-2-58</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22a. SIGNATURE (Degree or title) <u>Frank Hall M.D.</u>			22b. ADDRESS <u>Cape Girardeau, Mo</u>		22c. DATE SIGNED <u>3-11-58</u>		
23a. BURIAL, CREMATION, REBURYAL (Specify)	23b. DATE <u>March 5, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		23d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo</u>			
24. FUNERAL DIRECTOR <u>W. Miller Jackson Mo</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>March 12, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Homer E. Cooper</u>			

(Licensed Embolmer's Statement on Reverse Side)

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Lyman Steele*.....

Licensed Embalmer No. *24*

P. O. Address *Jackson*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
(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.