

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

67665-58

58-029854

STATE FILE NUMBER

FILED SEP 2 1958

Registration District No. 273

Primary Registration District No. 3051

Registrar's No. 90

5. 300
1-57
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1. PLACE OF DEATH a. COUNTY PERRY		2. USUAL RESIDENCE (Where deceased lived. If in institution, give name of institution) a. STATE MISSOURI b. COUNTY ST. GENEVIEVE PERRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PERRYVILLE		c. CITY OR TOWN ST. GENEVIEVE PERRYVILLE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PERRY CO MEMORIAL ICHAS		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First Middle Last NELSON FRANCE FARLOW			4. DATE OF DEATH Month Day Year AUG 8 1958		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG 8 1958	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) PERRYVILLE MO	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME THOMAS J. FARLOW	13b. MOTHER'S MAIDEN NAME JETTIE VOILA LEE	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 dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Thomas J. Farlow Sr. St. Genevieve Mo
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18. CAUSE OF DEATH (Enter only one cause for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PREMATURE BIRTH (24 weeks gestation)		INTERVAL BETWEEN ONSET AND DEATH 12 hrs
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)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 8-8-58 to 8-8-58 and last saw him alive on 8-8-58 Death occurred at 8:25 PM m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE S. A. D. Genova MD	(Degree or title)	22b. ADDRESS St Genevieve Mo	22c. DATE SIGNED 8-9-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Cremated	23b. DATE 8/9/58	23c. NAME OF CEMETERY OR CREMATORY CRESTLAWN	23d. LOCATION (City, town, or county) (State) ST. GENEVIEVE MO
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24. FUNERAL DIRECTOR Lee C. Bach Sr. St. Genevieve Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 8-11-58	26. REGISTRAR'S SIGNATURE Joseph Zoellner
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ^{NOT} by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Lea C. Baskin

Licensed Embalmer No. 1985

P. O. Address La. Stenhouse W

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.