Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035327
STATE FILE NUMBER

FILED NOV 3 1958 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 337

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION C. N. H. #2 — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Adair
c. CITY OR TOWN Kirksville — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS 912 S. Marion St., (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Margaret Middle Last Farrand

4. DATE OF DEATH Month Day Year Oct. 24, 1958

5. SEX F
6. COLOR OR RACE W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH May 8, 1863
9. AGE (In years last birthday) 95 — 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, even if retired) Home
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Knox County, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME French Carter
13b. MOTHER'S MAIDEN NAME Amanda Goodin
14. NAME OF HUSBAND OR WIFE Benjamin F. Farrand

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) No (If yes, give war X dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Mrs. John X. Waters, Kirksville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Auricular fibrillation c̄ Cardiac Decompensation — days.
DUE TO (c) Arteriosclerotic Heart disease 4200 — unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Cerebral encephalomalacia due to arteriosclerosis
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 16, 1956, to Oct 24, 1958 and last saw her/him alive on Oct 24, 1958
Death occurred at 3:23 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) George H. Scheurer D.O. 2
22b. ADDRESS Kirksville, Mo.
22c. DATE SIGNED 10-27-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10/27/58
23c. NAME OF CEMETERY OR CREMATORY Highland Park Cemtery
23d. LOCATION (City, town, or county) (State) Kirksville, Mo.

24. FUNERAL DIRECTOR [signature] ADDRESS Kirksville, Mo.
25. DATE RECD. BY LOCAL REG. 10-28-1958
26. REGISTRAR'S SIGNATURE Doris W Ratliff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 George W. Davett

Licensed Embalmer No. 4799

P. O. Address Kirksville, Mo

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.