

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024051

FILED VS AUG 11 1959

STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 300.3 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Barry			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Monett		Length of stay in 1b D.O.A.		c. CITY OR TOWN Cassville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincent's Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Billy Middle Gene Last Farwell				4. DATE OF DEATH Month July Day 24 Year 1959			
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-12-1925	9. AGE (last birthday) 34	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Clarence Farwell			13b. MOTHER'S MAIDEN NAME Stella Raines		14. NAME OF HUSBAND OR WIFE Frances Farwell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes		16. SOCIAL SECURITY NO. 2-12-51-2-17-53 535 28 6026		17. INFORMANT Address Frances Farwell-Cassville, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed Skull							INTERVAL BETWEEN ONSET AND DEATH Inst
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Lost control of truck he was driving truck turned over pinning him under cab.				
20c. TIME OF INJURY Hour 5:30P a.m. p.m. Month, Day, Year 7/24/59	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) U.S. Highway #60	20f. CITY, TOWN, OR LOCATION 21 feet west of Newton Barry		COUNTY County line in Newton County.	STATE
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 5:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Degree or title) Carley Thompson Coroner				22b. ADDRESS Neosho Missouri		22c. DATE SIGNED 7/27.59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-27-1959	23c. NAME OF CEMETERY OR CREMATORY Horner Cemetery		23d. LOCATION (City, town, or county) (State) Barry County, Missouri			
24. FUNERAL DIRECTOR Culver's			ADDRESS Cassville, Missouri		25. DATE RECD. BY LOCAL REG. 7-30-59	26. REGISTRAR'S SIGNATURE M.W.P.N. Cook	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Margaret C. Herbert

Licensed Embalmer No. 4389

P. O. Address Cassville,

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.