

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 26 1959

59-035030

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 316

ENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Adair		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		a. STATE Mo.		b. COUNTY Adair	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Stickler Hospital		Length of stay in 1b		c. CITY OR TOWN Novinger		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R. F. D.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Mary		Middle E.		Last Farr		Month Oct. Day 18, Year 1959	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/13/1875	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours
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) Adair county, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME John Hopper			13b. MOTHER'S MAIDEN NAME Amanda Marks			14. NAME OF HUSBAND OR WIFE A. J. Farr	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mr. Ray J. Farr, Kirksville, Mo. Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Myocarditis Acute						1 day	
DUE TO (b) Concussion						2 days	
DUE TO (c) Laceration to head						2 days	
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 <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.) Fell struck head on rocker			
20c. TIME OF INJURY Hour 4:00A.M. Month, Day, Year 10/17/59		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Kirksville, Adair, Mo.	
21. I attended the deceased from 11:35 A.M. 1959 , to 10-18-59 and last saw her alive on 10-18-1959		Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) R. Stickler MD				22b. ADDRESS Kirksville, Mo.		22c. DATE SIGNED 10-19-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/20/59	23c. NAME OF CEMETERY OR CREMATORY Pinkerton Cemetery		23d. LOCATION (City, town, or county) Adair county, Mo.		(State)	
24. FUNERAL DIRECTOR Paul M. Ray ADDRESS Kirksville, Mo.			25. DATE RECD. BY LOCAL REG. 10-23-1959		26. REGISTRAR'S SIGNATURE Doris W. Ratliff		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

R. O. STICKLER, M.D.

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 Kenneth E. Hayes

Licensed Embalmer No. 4890
P. O. Address Kirkville, 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.