

MORTUARY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038761

FILED VS. DEC 14 1959

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 379

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b	c. CITY OR TOWN Kirksville		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION K.O.H.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 505 W. Pierce		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Jarid Middle Farr Last			4. DATE OF DEATH Month Dec. Day 10, 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 Oct. 23, 1877	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months 1 Days 17 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		10b. KIND OF BUSINESS OR INDUSTRY maintainance	11. BIRTHPLACE (City and state or country) Mohasco, Iowa		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Alec Farr		13b. MOTHER'S MAIDEN NAME Margaret Pinkerton		14. NAME OF HUSBAND OR WIFE Maggie D. Farr		
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. none	17. INFORMANT Address Mrs. Maggie D. Farr-Kirksville			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Failure - Left Bundle Interval between onset and death 1 day Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Branch Block - Arterio sclerotic Heart disease 5 yrs. DUE TO (c) 3 days Bowel Obstruction, peritonitis, diverticulitis 5 yrs. Hydronephrotic Left Kidney.						
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 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 a.m. p.m. 	Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <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		
21. I attended the deceased from April 5, 1946 to Dec. 10, 1959 and last saw ^{him} alive on Dec. 10, 1959 Death occurred at 1:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Howard C. Gross, D.O. (Degree or title)		22b. ADDRESS Kirksville, Mo.		22c. DATE SIGNED 12-11-59 (State)		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12/12/59	23c. NAME OF CEMETERY OR CREMATORY Pinkerton Cemetery	23d. LOCATION (City, town, or county) W. of Kirksville, Mo. (State)			
24. FUNERAL DIRECTOR Davis & Davis ADDRESS Kirksville		25. DATE RECD. BY LOCAL REG. 12-11-1959	26. REGISTRAR'S SIGNATURE Doris W. Ratliff			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

HOWARD
E. GROSS, D.O.

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 Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirkville

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.