

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038910

FILED VS NOV 3 0 1959 38

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 582

UNDECEASED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Boone</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>	Length of stay in 1b <u>10 days</u>	c. CITY OR TOWN <u>Moberly</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ellis Fischel State Cancer</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>410 Woodlawn Avenue</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <u>Ethel</u>	Middle <u>Lucindy</u>	Last <u>Farrar</u>	4. DATE OF DEATH	Month <u>November</u>	Day <u>26</u>	Year <u>1959</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-1-1883</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR	IF UNDER 24 HR	
				Months	Days	Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Randolph Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph Brashear</u>	13b. MOTHER'S MAIDEN NAME <u>Agnes Neal</u>	14. NAME OF HUSBAND OR WIFE <u>Guy Farrar</u>
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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. <u>-</u>	17. INFORMANT Address <u>Hospital Records, Columbia, Missouri</u>
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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)	<u>Prolonged shock</u>	<u>48 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Questionably non-viable Small Bowel</u>	<u>48 hrs</u>
	DUE TO (c) <u>Sup. Mesenteric Vein occlusion - operative</u>	<u>48 hrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>1) Pulmonary Atelectasis 2) Pancreatitis ? acute</u>		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 checked="" 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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from Nov 16 1959 to Nov 26 1959 and last saw ^{her} him alive on Nov. 26 1959
Death occurred at 11 03 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Henry D. O'Brien M.D.</u>	(Degree or title)	22b. ADDRESS <u>Columbia Ellis Fischel St. Cancer Hosp.</u>	22c. DATE SIGNED <u>Nov 27 '59</u>
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23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE <u>11-29-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cem.</u>	23d. LOCATION (City, town, or county) <u>Moberly Mo</u>
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24. FUNERAL DIRECTOR <u>Carber Funeral Service</u>	ADDRESS <u>Columbia Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Nov 27, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS DEC 2 1959

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 A. Kerf

Licensed Embalmer No.

4752

P. O. Address

Columbia

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.