

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-023516**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 326

**FILED JUL 15 1963**

VS 300  
Rev. 4/59

10168

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cape Girardeau</b>		Length of stay in 1b <b>1 day</b>	c. CITY OR TOWN <b>Advance,</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Southeast Mo. Hosp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>R# 1</b>
3. NAME OF DECEASED (Type or print) First <b>Emma</b> Middle <b>C.</b> Last <b>Farrar</b>		4. DATE OF DEATH Month <b>July</b> Day <b>4,</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/19/1864</b>
9. AGE (last birthday) <b>98</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>household</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>household</b>	11. BIRTHPLACE (City and state or country) <b>Advance, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Jacob Kappler</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Tropp</b>		14. NAME OF HUSBAND OR WIFE <b>Jerome C. Farrar</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>no</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Frank Farrar, Advance, Mo.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic cardio-vascular disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Cholecystites</b>			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.)			
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 <b>May 1963</b>		COUNTY STATE	
21. I attended the deceased from Death occurred at <b>5.10 P. M.</b>		and last saw him alive on <b>July 4, 1963</b>	
21. I attended the deceased from Death occurred at <b>5.10 P. M.</b>		m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Deceased or title) <i>Charles F. Wilson, M.D.</i>		22b. ADDRESS <b>714 Broadway, Cape Girardeau, Mo.</b>	
22c. DATE SIGNED <b>7-8-63</b>		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>7/7/63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Crews Cemetery</b>		23d. LOCATION (City, town, or county) <b>Advance, Mo.</b>	
24. FUNERAL DIRECTOR <b>Wm. H. Morgan, Advance, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7-9-1963</b>	
26. REGISTRAR'S SIGNATURE <i>Gene Kasten</i>			

USE BLACK INK OR TYPEWRITER RIBBON

**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

*Wm. H. Morgan*

Licensed Embalmer No. 4640

P. O. Address Advance, 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.