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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 8- 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38158

State File No.

BIRTH NO. REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 82

1. PLACE OF DEATH

a. COUNTY Moniteau

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) California

c. LENGTH OF STAY (In this place) 1 week 1 Month

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kathan Sanatarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Nebraska b. COUNTY Box Butte

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Alliance 826 D

d. STREET ADDRESS (If rural, give location) 609 Cheyenne 6

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Jane c. (Last) Farrington

4. DATE OF DEATH (Month) Dec. (Day) 2 (Year) 1951

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	white	married 1	July 15 1873	78	4	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Clarksburg Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John B. Stewart

13b. MOTHER'S MAIDEN NAME Elizabeth Fordyce

14. NAME OF HUSBAND OR WIFE Owen Price Farrington

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. no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Owen P. Farrington, Alliance Nebr

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) — 332.XF

DUE TO (c) — 5 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture, right humerus

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Fracture caused by fall down steps at time of apoplexy.

22. *I hereby certify that I attended the deceased from* 11-28 *, 19*51*, to* 12-2 *, 19*51*, that I last saw the deceased alive on* 12-2 *, 19*51*, and that death occurred at* 7 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE R. S. Fulks (Degree or title) M.D.

23b. ADDRESS California, Mo

23c. DATE SIGNED 12-3-51

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 12-4-51

24c. NAME OF CEMETERY OR CREMATORY Masonic

24d. LOCATION (City, town, or county) (State) Clarksburg Mo.

DATE REC'D BY LOCAL REG. Dec 3, 51

REGISTRAR'S SIGNATURE A. R. Pope Jr. M.D.

25. FUNERAL DIRECTOR'S SIGNATURE A. E. Wilson ADDRESS California Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 7 1951
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed DEC 7 1951

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

working under my personal supervision.

Student Embalmer No.

Signed A. E. Wilson

Signed
Student Embalmer

Licensed Embalmer No. 2351

P. O. Address California, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.