

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0023321  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 17 Primary Registration District No. 3016 Registrar's No. 227

FILED JUN 24 1966

VS 300  
Rev. 4/59

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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 <u>SOLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MONTEAU</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jefferson City</u>		Length of stay in 1b <u>72 HOURS</u>	c. CITY OR TOWN <u>California</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>Memorial Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <u>North</u>
3. NAME OF DECEASED (Type or print) First <u>Shirley Jean</u> Middle <u>FARROW</u> Last <u>FARROW</u>			4. DATE OF DEATH Month <u>June</u> Day <u>12</u> Year <u>1966</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</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>10-25-1942</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	9. AGE (last birthday) <u>23</u>
11. BIRTHPLACE (City and state or country) <u>Versailles, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert Pritchard</u>		13b. MOTHER'S MAIDEN NAME <u>Mable Newberry</u>	
14. NAME OF HUSBAND OR WIFE <u>Ronald Farrow</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>499-44-9494</u>		17. INFORMANT <u>Ronald Farrow, California, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hepatitis, areas of Necrosis, with hemorrhage, Lt. Lobe</u> DUE TO (b) <u>Peritonitis, Bile, Toxic, with</u> DUE TO (c) <u>Cardiovascular Collapse</u>			INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>6-1-66 Cholecystectomy; 6-12-66 Surgical Drainage</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 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.		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 <u>5-31-1966</u> to <u>6-12-66</u> and last saw her <u>live</u> on <u>6-12-66</u> Death occurred at <u>12:50 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Kenneth C. Clark, M.D.</u>		22b. ADDRESS <u>Jefferson City, MO</u>	
22c. DATE SIGNED <u>6-13-66</u>		22d. LOCATION (City, town, or county) (State) <u>Jefferson City, MO</u>	
23a. FUNERAL CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>June 15, 1966</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Center Town Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Center Town, Mo.</u>	
24. FUNERAL DIRECTOR <u>Williams Funeral Home, Calif., Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-21-66</u>	
26. REGISTRAR'S SIGNATURE <u>Norma Miller</u>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JUL 11 1966

**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 Wayne A. Woodward

Licensed Embalmer No. 5172

P. O. Address Salix, 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.