

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13902

State File No.

BIRTH NO.		REG. DIST. NO. <u>240</u>		PRIMARY REG. DIST. NO. <u>5827</u>		Registrar's No. <u>15</u>			
1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u> b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>LEWIS</u>) c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NO</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEW MADRID</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEWIS TOWNSHIP</u> d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>HENRY</u> c. (Last) <u>FARMER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3/26/50</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>			8. DATE OF BIRTH <u>1970</u>		9. AGE (in years last birthday) <u>80</u>		10. UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>C</u>		11. BIRTHPLACE (State or foreign country) <u>Ky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>William Farmer</u>			13b. MOTHER'S MAIDEN NAME <u>W. L.</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. W.H. Farmer</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>No.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. W.H. Farmer, Lebanon, RI</u>				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Walker into side of car on Highway 62</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause* (a) stating the underlying cause last.</u> DUE TO (b) <u>fractured skull</u> DUE TO (c) <u>fractured skull</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>4 2/3</u> <u>8 1/2</u> <u>9 5</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accidental</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lebanon, RI, New Madrid, Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3/26/50</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Walked into side of car.</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Dr. Adgentha Ceroni</u>				23b. ADDRESS <u>New Madrid, Mo.</u>		23c. DATE SIGNED <u>4/18/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>3/28/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>April 19 1950</u>		REGISTRAR'S SIGNATURE <u>H. L. Gonder, Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richards and Co</u>		ADDRESS <u>New Madrid, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 2
District Health Office
District File Number 42
Date Filed

59736

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 _____
Student Embalmer

Signed *J. S. Hudgrett*

Licensed Embalmer No. *3803*

P. O. Address *New Madrid*

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