

FILED JUL 29 1950

STANDARD CERTIFICATE OF DEATH

State File No. 24746

318

1003

6284

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Macon Co.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis, Missouri			c. LENGTH OF STAY (In this place) 26 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Atlanta			16/10		
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				d. STREET ADDRESS (If rural, give location) 1					
3. NAME OF DECEASED (Type or Print) a. (First) Henry			b. (Middle) Edgar		c. (Last) Farmer		4. DATE OF DEATH (Month) (Day) (Year) July 21, 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 3, 1872		9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Atlanta Mo.			12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Gussie Farmer				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Wilford Farmer				ADDRESS Atlanta Mo.
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma of Stomach				INTERVAL BETWEEN ONSET AND DEATH 7 mo.	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 4-25-50		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Stomach				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 151X					
22. I hereby certify that I attended the deceased from June 25, 1950, to July 21, 1950, that I last saw the deceased alive on July 21, 1950, and that death occurred at 7:40 P.M., from the causes and on the date stated above.									
23a. SIGNATURE Eugene T. Standley M.D.				23b. ADDRESS Barnes Hospital, St. Louis, Mo.		23c. DATE SIGNED 7-21-50			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 7-22-50	24c. NAME OF CEMETERY OR CREMATORY Mt. Tabor Cem.		24d. LOCATION (City, town, or county) (State) Atlanta Mo.				
DATE REC'D BY LOCAL REG. JUL 22 1950		REGISTRAR'S SIGNATURE J.B. Lasater			25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe				ADDRESS 4700 Washington.

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

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 W. S.

.....
working under my personal supervision.

Student Embalmer No.

Signed W. S. Dalpen

Signed.....

Student Embalmer

Licensed Embalmer No. 4694

P. O. Address St. Charles, 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 this body is not embalmed, fact should be so stated above.