

FILED SEP 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30240

State File No. ....

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 5360 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <b>Howell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Howell</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Willow Springs,</b>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Willow Springs R#1,</b>	
		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH
a. (First) <b>Charles</b>	b. (Middle) <b>Nelson</b>	c. (Last) <b>FARMER</b>	(Month) (Day) (Year) <b>Sept. 3, 1950.</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
		<b>Married</b>	<b>Dec. 29, 1887.</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)
<b>Farming</b>			<b>62</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
			<b>Howell County, Missouri.</b>
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME	
		<b>John R. Farmer</b>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
		<b>Mary C. Robertson</b>	<b>Flora White Farmer</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS
<b>No</b>		<b>None</b>	<b>Mrs. Flora Farmer, Willow Spgs., Mo.</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute coronary occlusion Sudden</b>	
		INTERVAL BETWEEN ONSET AND DEATH <b>Several years.</b>	
		ANTECEDENT CAUSES	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
		DUE TO (b) <b>Coronary artery heart disease.</b>	
		DUE TO (c) <b>Dissect.</b>	
		II. OTHER SIGNIFICANT CONDITIONS	
		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>7/12</u> 1950, to <u>8/12</u> 1950, that I last saw the deceased alive on <u>8/12</u> 1950, and that death occurred at <u>5 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title)		23b. ADDRESS	
<b>Dr. R. E. Musser, M.D.</b>		<b>Willow Springs, Mo.</b>	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify)	
<b>Sept 6 50</b>		<b>BURIAL</b>	
24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
<b>9/6/50.</b>		<b>Dry Creek Cemetery,</b>	
24d. LOCATION (City, town, or county) (State)		<b>Willow Spgs, (rural), Mo.</b>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE	
<b>Sept 13 1950</b>		<b>[Signature]</b>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<b>[Signature]</b>		<b>Burns Funeral Home, Willow Spgs., Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

460

**DIVISION OF HEALTH OF MO.**

District No. 5 - Springfield

RECEIVED SEP 15 1950

Dist. File 950-1915-

Date Filed 9-19-50

2561 I 2 70P

**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. C. Burns *J. C. Burns*

Licensed Embalmer No. 3379

P. O. Address Willow Springs, 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.