

FILED OCT 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Gene W. Farthing
ma State File No. 33251

396
33

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

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 922

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Springfield
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. St. John Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield
d. STREET ADDRESS (If rural, give location) 1031 University

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) H. c. (Last) Pahlman 4. DATE OF DEATH (Month) (Day) (Year) Oct. 20, 1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH March 28 1889 9. AGE (In years last birthday) 61 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS. Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Canners Exchange 10b. KIND OF BUSINESS OR INDUSTRY Heekin Can Co. 11. BIRTHPLACE (State or foreign country) Bates County, Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George C. Pahlman 13b. MOTHER'S MAIDEN NAME Anna Dulton 14. NAME OF HUSBAND OR WIFE Mayme Pahlman

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. 491-23-1300 17. INFORMANT'S SIGNATURE OR NAME Mrs. Mayme Pahlman Spfld, Mo. ADDRESS _____

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, ashenia, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis. INTERVAL BETWEEN ONSET AND DEATH 5 months
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 _____ 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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from October 20, 1950, to October 20, 1950, that I last saw the deceased alive on October 20, 1950, and that death occurred at 9 P m., from the causes and on the date stated above.

23a. SIGNATURE Gene W. Farthing M.D. (Degree or title) 23b. ADDRESS Ev. med. assoc. bldg. Springfield Mo. 23c. DATE SIGNED 10. 22. 50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10/23/50 24c. NAME OF CEMETERY OR CREMATORY Hazelwood 24d. LOCATION (City, town, or county) (State) Springfield, Mo.

DATE REC'D BY LOCAL REG. 10-23-50 REGISTRAR'S SIGNATURE W.E. Handley 25. FUNERAL DIRECTOR'S SIGNATURE H.H. Lohmeyer ADDRESS Springfield, Mo.

JAN 19 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.....

Levin T. Swadby

Signed.....

Student Embalmer

Licensed Embalmer No.....

48157

P. O. Address.....

Springfield

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.