

FILED MAR 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4027

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5164 Registrar No. 66

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO 0140</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Fulton</u>		c. LENGTH OF STAY (in this place) <u>3 months</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Fulton Twp</u>		d. STREET ADDRESS (If rural, give location) <u>2 1/2 mi N.W. Fulton Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 mi N.W. Fulton Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillie</u> b. (Middle) <u>WARREN</u> c. (Last) <u>FARMER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 7 51</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec 14 - 1872</u>
9. AGE (In years last birthday) <u>78</u>		10. MONTHS <u>2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (State or foreign country) <u>Callaway Co Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John R. Farmer</u>		13b. MOTHER'S MAIDEN NAME <u>Betty L. Jackson</u>	13c. NAME OF HUSBAND OR WIFE <u>J.O. 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>none</u>	17. INFORMANT'S SIGNATURE OR NAME (If address, give address) <u>Ruth L. Hall Jefferson City</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>	
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>Nov</u> , 19 <u>50</u> to <u>Death</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Mar 5</u> , 19 <u>51</u> , and that death occurred at <u>10-15</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John D. Brown M.D.</u>		23b. ADDRESS <u>Fulton</u>	23c. DATE SIGNED <u>3-9-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Mar 10-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Hottsummit MO</u>
DATE REC'D BY LOCAL REG. <u>March 9-1951</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	426	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Holt-Cly Pool New Bloomfield</u>

(Licensed Embalmer's Statement on Reverse Side)

MO

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAR 12 1951

RECEIVED

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 LeRoy Clever

Licensed Embalmer No. 4412

P. O. Address Newblairfield 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.