No. 300
10.48

FILED APR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13431

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5891 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY Ozark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gainesville - Town
c. LENGTH OF STAY (in this place) 59 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ozark Co. - Bridges Twp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Ozark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gainesville - Town - Bridges Twp.
d. STREET ADDRESS (If rural, give location) Ozark Co. - Bridges Twp.

3. NAME OF DECEASED (Type or Print) a. (First) MINNIE b. (Middle) ANN c. (Last) FARMER

4. DATE OF DEATH (Month) 4 (Day) 19 (Year) 1951

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH 4-19-1872
9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months 0 Days 0 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Baxter County, Ark.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Sam Henry Lance
13b. MOTHER'S MAIDEN NAME Adeline McCubbins
14. NAME OF HUSBAND OR WIFE Dempsey D. Farmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs Abbie May Blisard ADDRESS Gainesville 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) Arterial Hypertension — 5 yr

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 444X
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) m.
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* 4-16, 1951, *to* 4-19, 1951, *that I last saw the deceased alive on* 4-18, 1951, *and that death occurred at* 3:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE M. J. Hoerman (Degree or title) DO
23b. ADDRESS Gainesville, Mo
23c. DATE SIGNED 4/20/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-22-51
24c. NAME OF CEMETERY OR CREMATORY Sims Cemetery
24d. LOCATION (City, town, or county) Gainesville (State) Mo

DATE REC'D BY LOCAL REG. 4-20-51
REGISTRAR'S SIGNATURE William Cogswell 405
25. FUNERAL DIRECTOR'S SIGNATURE Clinkingbeard Funeral Home ADDRESS Gainesville Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED APR 26 1951

Dist. File 451-908

Date Filed 4-26-51

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 Walter A. Root

Signed .....
Student Embalmer

Licensed Embalmer No. F 3044

P. O. Address Grandville 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.