

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHGENE FARTING 8319
State File No.

BIRTH NO. FILED MAR 29 1954 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 312

1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE <i>2376</i>					
b. CITY (If outside corporate limits, write RURAL and give township) SPRINGFIELD		c. LENGTH OF STAY (in this place) 1 1/2 YRS		c. CITY OR TOWN SPRINGFIELD		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 626 SO. DOUGLAS				e. STREET ADDRESS (If rural, give location) 626 SO. DOUGLAS					
3. NAME OF DECEASED (Type or Print) a. (First) MARTHA			b. (Middle) ANN		c. (Last) WISE		4. DATE OF DEATH (Month) (Day) (Year) MARCH, 25, 1954		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED <i>2</i>	8. DATE OF BIRTH SEPT, 8, 1870		9. AGE (In years, last birthday) 83	10. IF UNDER 1 YEAR Months	11. IF UNDER 100 HRS. Days	12. IF UNDER 24 HRS. Hours	13. IF UNDER 1 MIN. Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and State or Foreign Country) CHRISTIAN COUNTY, MO		12. CITIZEN OF WHAT COUNTRY? U.S. A.			
13a. FATHER'S NAME HUGH McBRIDE			13b. MOTHER'S MAIDEN NAME FANNIE ELLIS			14. NAME OF HUSBAND OR WIFE X			
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS C. L. SHIPMAN SPRINGFIELD, MO					
18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach				DUE TO (b) _____				2 yrs.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. diabetic Mellitus.									
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION —				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		151 X	
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) Springfield, Greene, Mo.					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 151 X					
22. I hereby certify that I attended the deceased from Oct. 16, 1945 , to 3-24, 1954 , that I last saw the deceased alive on 3/24, 1954 , and that death occurred at 10:25 P. m. , from the causes and on the date stated above.									
23a. SIGNATURE Gene W. Farting, M.D.				23b. ADDRESS Springfield, Mo		23c. DATE SIGNED 3/26/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3/27/54		24c. NAME OF CEMETERY OR CREMATORY FRAZIER CHAPEL		24d. LOCATION (City, town, or county) (State) NEAR SPRINGFIELD, MO			
DATE REC'D BY LOCAL REG. 3-26-54		REGISTRAR'S SIGNATURE Edgar Williamson			25. FUNERAL DIRECTOR'S SIGNATURE Herbert J. Johnson		ADDRESS SPRINGFIELD, MO		

(Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *James L. Gurdley*

Licensed Embalmer No. *45*

P. O. Address *Spring*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.