

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11477

0190
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BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 2221 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Garden City Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Garden City Rural - 0190</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dayton Twp. 2 Miles East</u>		d. STREET ADDRESS (If rural, give location) <u>Dayton Twp. - 2 Miles East</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mirtle</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Farmer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 18 1954</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>Feb. 24 - 1868</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Salem, West Virginia</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>John E. Pritchard</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Orr</u>	
14. NAME OF HUSBAND OR WIFE <u>W. C. Farmer</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. W. C. Farmer</u> ADDRESS <u>St. Louis City, Mo.</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>Arteriosclerotic Heart Dis.</u> INTERVAL BETWEEN ONSET AND DEATH <u>2</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized 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>Senile Dementia</u> INTERVAL BETWEEN ONSET AND DEATH <u>20 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>f-200</u>	
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>3 Feb., 1954</u> , to <u>18 April, 1954</u> , that I last saw the deceased alive on <u>22 Feb., 1954</u> , and that death occurred at <u>9:15 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Leoborn Ellis M.D.</u>		23b. ADDRESS <u>Garden City, Mo.</u>	
23c. DATE SIGNED <u>4-19-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 20, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oscold Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Oscold, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Apr 20, 54</u>		REGISTRAR'S SIGNATURE <u>Dora Barnard</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin & Thiry Funeral Home</u>		ADDRESS <u>St. Louis City, Mo.</u>	



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 *Bruce J. King* _____

Licensed Embalmer No. 4685 _____

P. O. Address London City, 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.