

FILED AUG 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24019

State File No.

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5974 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>Lack</u>		2. USUAL RESIDENCE (Where deceased lived) If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lack</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Goodson (South Green) 60 yrs.</u>	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <u>Goodson</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 mi. North of Goodson</u>		e. STREET ADDRESS (If rural, give location) <u>1 1/2 mi. North of Goodson</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jesse</u> b. (Middle) <u>Curby</u> c. (Last) <u>Farmer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 24 1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar 4 1869</u>
9. AGE (in years last birthday) <u>85</u>	Months <u>4</u>	Days <u>20</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>
10a. FATHER'S NAME <u>James Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State, or Foreign Country) <u>Madison County Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>James Farmer</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Tulla</u>	14. NAME OF HUSBAND OR WIFE <u>William Farmer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give reg. or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Arthur Farmer Goodson 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <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) <u>4500</u>	
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? _____	
22. I hereby certify that I attended the deceased from <u>Aug 1953</u> , to <u>July 24, 1954</u> , that I last saw the deceased alive on <u>July 20, 1954</u> , and that death occurred at <u>8:20 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. McLean MD</u> (Degree or title)		23b. ADDRESS <u>Bolivar Mo</u>	23c. DATE SIGNED <u>7/27/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 27 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. View Cemetery Near Lack</u>	24d. LOCATION (City, town, or county) (State) <u>Mo</u>
DATE REC'D BY, LOCAL REG. <u>Aug 4, 1954</u>	REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James Gordon</u>	ADDRESS <u>Blue Bolivar Mo</u>

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 *Chy Jester*.....
Licensed Embalmer No. *41*.....
P. O. Address *Bolton*.....

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.