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

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 5151 State File No. 26437

BIRTH NO. _____		REG. DIST. NO. <u>46</u>		PRIMARY REG. DIST. NO. <u>5150</u>		Registrar's No. <u>36</u>			
1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo</u> b. COUNTY <u>Caldwell</u>					
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>4 mi east on Highway # 36</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Highway # 36</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>30</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 36 1/2 mi E. of Clintonville</u>				e. STREET ADDRESS (If rural, give location) <u>Rural 4 1/2 miles east of Cameron</u>					
3. NAME OF DECEASED (Type or Print) <u>Gladys</u>		b. (Middle) <u>Farmer</u>		c. (Last) <u>Farmer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 11 1954</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec 4 - 1899</u>			
9. AGE (in years last birthday) <u>54</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Mins. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Clinton Co Mo.</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>None</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Chas. Ruddle</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Tarant</u>		14. NAME OF HUSBAND OR WIFE <u>Claude A Farmer</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-36-5810</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Claude A Farmer Cameron</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				ANTECEDENT CAUSES					
				DUE TO (b) <u>Car accident</u>					
				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 <u>Broken neck</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 36, Clintonville</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Caldwell Co Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) <u>Aug 11 54</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car wreck</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Dr. J. H. Smoot</u>				23b. ADDRESS <u>Poland Mo</u>		23c. DATE SIGNED <u>8-11-54</u>			
24a. BURIAL (CREMATION) REMOVAL (Specify) <u>Funeral</u>		24b. DATE <u>8-15-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVET</u>		24d. LOCATION (City, town, or county) (State) <u>Kearney Mo</u>			
DATE REC'D BY LOCAL REG. <u>8-19-54</u>		REGISTRAR'S SIGNATURE <u>Gladys Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Poland Funeral Home Cameron</u>					

(Licensed Embalmer's Statement on Reverse Side)

APR 23 1955

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 Robert F. Poland

Licensed Embalmer No. 477
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P. O. Address Cambridge

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.