

FILED OCT 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34984

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6020 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Crooked River</u>		c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>quarter of a mile of Hardin</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>none</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Leahy</u> b. (Middle) <u>Roy</u> c. (Last) <u>Farmer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct-15-1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>9 Illinois</u>	9. AGE (In years last birthday)	10. MONTHS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	9. AGE (In years last birthday) <u>71</u>
13a. FATHER'S NAME <u>Harrison Farmer</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret E Young</u>		14. NAME OF HUSBAND OR WIFE <u>Rosey Weddle</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>500-09-6236</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Darrell D. Farmer</u>		ADDRESS <u>Hardin, Mo</u>	
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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			INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Dilatation</u>			<u>immediate</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Myocardial Failure</u> DUE TO (c) <u>Cardiac Valvular Disease</u>			<u>1 week</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Biliary Pyosentery</u>			<u>4 days</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4214C</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)	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 Oct 7, 1954, to Oct 15, 1954, that I last saw the deceased alive on Oct 15, 1954, and that death occurred at 3:12 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Henry S. Holloway, D.O.</u>		23b. ADDRESS <u>2 Hardin, Mo.</u>		23c. DATE SIGNED <u>10-16-54</u>
24a. BURIAL CREMATION, REMOVAL (Specify)	24b. DATE <u>Oct-17-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hardin Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>1 mile of Hardin, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 16-1954</u>	REGISTRAR'S SIGNATURE <u>Maluel Jackson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kaufschel &amp; Borchert</u>	ADDRESS <u>Hardin, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

0890

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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 *John W. Knipschild*

Licensed Embalmer No. *278*

P. O. Address *Hardin*

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.