

FILED JAN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

610

State File No.

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City		c. CITY OR TOWN Jefferson City	
c. LENGTH OF STAY (in this place) 11 days		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 St. Mary's Hospital		e. STREET ADDRESS (If rural, give location) 408 Broadway	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES ANDREW b. (Middle) FARMER c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) January 1 1955
---	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 29 1896	9. AGE (In years last birthday) 58	10. MONTHS 6	11. DAYS 2	12. HOURS 2	13. MIN. 0
--------------------	-------------------------------	---	--------------------------------------	---	---------------------	-------------------	--------------------	-------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yard Master	10b. KIND OF BUSINESS OR INDUSTRY Mo. Prison	11. BIRTHPLACE (City and State or Foreign Country) Cole County Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A
--	---	---	---

13a. FATHER'S NAME Joseph Farmer	13b. MOTHER'S MAIDEN NAME Lavina Hale	14. NAME OF HUSBAND OR WIFE Mrs Anna Farmer
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 494 22 0143	17. INFORMANT'S SIGNATURE OR NAME Mrs Anna Farmer	ADDRESS 408 Broadway J.C. Mo
---	--	--	-------------------------------------

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary infarction		INTERVAL BETWEEN ONSET AND DEATH few hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia, Cholelithiasis & stones			1 year

19a. DATE OF OPERATION 12-24-54	19b. MAJOR FINDINGS OF OPERATION Ch. cholelithiasis & stones, pneumonia - 4201	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 1, 1954**, to **1-1-55**, 1955 that I last saw the deceased alive on **1-1-55**, 1955, and that death occurred at **4:00 a.m.**, from the causes and on the date stated above.

22a. SIGNATURE Rogers A. Taylor (Degree or title) M.D.	23b. ADDRESS Jefferson City, Mo.	23c. DATE SIGNED 1-5-55
--	---	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 3 1955	24c. NAME OF CEMETERY OR CREMATORY Hickory Hill Cemetery	24d. LOCATION (City, town, or county) (State) Hickory Hill, Mo.
---	-----------------------------	---	--

DATE REC'D BY LOCAL REG. Jan 4-55	REGISTRAR'S SIGNATURE R.P. Darris, MD	25. FUNERAL DIRECTOR'S SIGNATURE J. Anderson - Jarner	ADDRESS 700 Jefferson St Jefferson City,
--	--	--	---

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

APR 23 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Donald V. Green*

Licensed Embalmer No. 40

P. O. Address *Jama*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.