

FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15039

State File No.

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4153 Registrar's No. 55-34

1. PLACE OF DEATH a. COUNTY <u>Dade</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dade</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lockwood, Mo</u>		c. LENGTH OF STAY (In this place) <u> yrs</u>	c. CITY OR TOWN <u>Lockwood, Mo</u>		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 <u>Home 6th St</u>			e. STREET ADDRESS (If rural, give location) <u>6th St</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lora</u> b. (Middle) <u>May</u> c. (Last) <u>Farmer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 12, 1955</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>Oct 12, 1876</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>0</u>
IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>house wife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dadeville Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>usa</u>
13a. FATHER'S NAME <u>Sam Steveson</u>		13b. MOTHER'S MAIDEN NAME <u>Tina Steveson</u>		14. NAME OF HUSBAND OR WIFE <u>A.D. Farmer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Paul Farmer Lockwood 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>Carcinoma of Pancreas</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>Several</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>157X</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.)	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 <u>3-1-</u> , 19 <u>55</u> , to <u>5-12-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5-12-</u> , 19 <u>55</u> , and that death occurred at <u>1:45a</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>J. D. Combs M.D.</u>		23b. ADDRESS <u>Lockwood Mo</u>		23c. DATE SIGNED <u>5-16-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 14, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lockwood</u>	24d. LOCATION (City, town, or county) (State) <u>Lockwood Mo</u>		
DATE REC'D BY LOCAL REG. <u>5-19-55</u>	REGISTRAR'S SIGNATURE <u>J. C. Canada</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.R. Allison Greenfield Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 *W.R. Allison*.....

Licensed Embalmer No. *44*.....

P. O. Address *Greenfield*.....

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