

FILED MAY 31 1956

STANDARD CERTIFICATE OF DEATH

State File No. 17094

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY Mississippi 0672		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston 0672	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 210 Danforth St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence 210 Danforth			

3. NAME OF DECEASED (Type or Print) a. (First) Dora	b. (Middle) Baker	c. (Last) Farmer	4. DATE OF DEATH (Month) (Day) (Year) 5/21/56
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2	8. DATE OF BIRTH 7/7/1891	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 48 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 12 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Charleston, Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Alexander Baker	13b. MOTHER'S MAIDEN NAME Hannah Crader	14. NAME OF HUSBAND OR WIFE Jesse Newton Farmer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 498-10-0212	17. INFORMANT'S SIGNATURE OR NAME Mrs. Carl Whitehead, Charleston, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Not known
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown Natural Causes		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Found dead in bed--died while sleeping. Had not complained DUE TO (c) of being ill, but felt tired.		
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	7954	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased ~~born~~ As Coroner Only _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Wm. Shelby</i> (Degree or title) Coroner	23b. ADDRESS East Prairie, Mo.	23c. DATE SIGNED 5/22/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/22/56	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) Charleston, Mo. (State)
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DATE REC'D BY LOCAL REG. 5-25-56	REGISTRAR'S SIGNATURE Dorothy B. Hathorn	25. FUNERAL DIRECTOR'S SIGNATURE <i>John H. Hurrell</i>	ADDRESS The Nunnelee Funeral Chapel
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(Licensed Embalmer's Statement on Reverse Side) Charleston, Mo.

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

RECEIVED

Miss. Co. Health Dept.

County File No. MAY 2

Date Filed MAY 28 1956

MAY 28 1956

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
Student Embalmer

Signed John F. Nunnally Jr
Licensed Embalmer No. 3851

P. O. Address Charleston, Mo

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 this body is not embalmed, fact should be so stated above.