

No. 300
10. 48

FILED JUL 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21637

State File No. _____

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

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BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 235

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY OR TOWN <u>BOONE TERRY</u>	c. LENGTH OF STAY (in this place) <u>3 WKS.</u>	c. CITY OR TOWN <u>FARMINGTON</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>BOONE TERRY HOSPITAL</u>		f. STREET ADDRESS (If rural, give location) <u>0940</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>Belle</u> c. (Last) <u>FRANCIS FARMER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 23, 1956</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 8, 1927</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <u>29</u>	<u>0</u> Months <u>15</u> Days
		11. BIRTHPLACE (City and State or Foreign Country) <u>CLAY CO. ARK.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	

13a. FATHER'S NAME <u>THOMAS FARRIS</u>	13b. MOTHER'S MAIDEN NAME <u>GOLDIE STEVENS</u>	14. NAME OF HUSBAND OR WIFE <u>JAMES FARMER</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>309-28-8142</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James Farmer Farmington Mo.</u> ADDRESS _____

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 mos</u> <u>6 mos</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of left colon with lymph node metastases</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>			

19a. DATE OF OPERATION <u>1-12-56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of left colon with lymph node metastases</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) (Minute)	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 Jan 8, 1956, to June 23, 1956, that I last saw the deceased alive on June 22, 1956, and that death occurred at 10:20 PM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George L. Watkins M.D.</u>	23b. ADDRESS <u>Farmington Mo</u>	23c. DATE SIGNED <u>6-26-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE 26, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. FRANCOIS M.E.M. PARK</u>
DATE REC'D BY LOCAL REG. <u>6-26-56</u>	REGISTRAR'S SIGNATURE <u>Cather Rudloff</u>	24d. LOCATION (City, town, or county) (State) <u>BOONE TERRY, MO.</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Callwell & Sons. Flat River Mo</u> ADDRESS _____		

289
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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 *R. Caldwell*.....

Licensed Embalmer No. *2531*.....

P. O. Address *Flat R w*.....

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.