

Health, Welfare, Public Service

300 -56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33764

STATE FILE NUMBER

FILED NOV 5 - 1956

Registration District No. 137 Primary Registration District No. 3025 Registrar's No. 296

1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Clinton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Clinton Con. Home</u>			Length of stay in 1b <u>11 days</u>			d. STREET ADDRESS (If outside, give location) <u>207 E ELM</u>	
3. NAME OF DECEASED (Type or print) First <u>ROSS</u> Middle <u>RALPH</u> Last <u>FARMER</u>				4. DATE OF DEATH Month <u>Oct.</u> Day <u>28</u> Year <u>1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Jan 6 1901</u>		9. AGE (In years last birthday) <u>55</u>	
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>Retired</u>		11. BIRTHPLACE (City and state or country) <u>Jainesville Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>J. W. Farmer</u>				14. MOTHER'S MAIDEN NAME <u>Lou E Reeves</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>495-09-4488</u>		17. INFORMANT Address <u>Edna Turner Rogers Ark.</u>			
18. CAUSE OF DEATH [Enter only one cause on line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary infarction</u> DUE TO (b) <u>Thrombophlebitis</u> DUE TO (c) <u>Emphysema right leg April 1956</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Carcinoma - metastatic to leg - previous not returned</u>							INTERVAL BETWEEN ONSET AND DEATH <u>10 hours &amp; obs</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>1999</u>				
20c. TIME OF INJURY Hour a. m. p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from <u>9-15-56</u> to <u>10-28-56</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>10-28-56</u> Death occurred at <u>6:30</u> <sup>7</sup> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>W. W. Bradshaw M.D.</u> (Degree or title)				22b. ADDRESS <u>Clinton Mo.</u>		22c. DATE SIGNED <u>10/29/56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)
<u>Burial</u>		<u>10/30/55</u>	<u>Englewood</u>		<u>Clinton Missouri</u>		
24. FUNERAL DIRECTOR ADDRESS <u>SCHABERG FUNERAL HOME</u>				25. DATE RECD. BY LOCAL REG. <u>10-30-56</u>		26. REGISTRAR'S SIGNATURE <u>Mildred Begun</u>	

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 \_\_\_\_\_  
*F. L. Lechberg*

Licensed Embalmer No. 45

P. O. Address *Clinton*

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