

path, Welfare public service
300
1-56
All diseases in Part I must be casually related. Caretaker cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41128

STATE FILE NUMBER

FILED JAN 7 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1168-C

1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WRIGHT				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN HARTVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1330 CHESTNUT CONNELLY Infirmary			Length of stay in lb 4 yrs.		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First SARAH Middle A. Last FARMER				4. DATE OF DEATH Month Dec. Day 24 Year 1956				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 10-17-1875		9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 2 Days 10	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) WRIGHT CO. MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME A. J. FARMER				14. MOTHER'S MAIDEN NAME SARAH NEWTON				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT Address THOS. FARMER Hartville, Mo.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thrombosis, Cerebral, left							INTERVAL BETWEEN ONSET AND DEATH 7 years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Chronic Pyelitis + cystitis							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.)						
20c. TIME OF INJURY Hour a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from Nov 1, 1956 to Dec. 24, 1956 and last saw her alive on Dec 23, 1956 Death occurred at 8:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE W. Callaway, Jr. M.D. (Degree or title)				22b. ADDRESS Springfield, MO			22c. DATE SIGNED Dec 25, 56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-27-56	23c. NAME OF CEMETERY OR CREMATORY STEELE MEM		23d. LOCATION (City, town, or county) Hartville, Mo.		(State)	
24. FUNERAL DIRECTOR John Simpson			ADDRESS Hartville, Mo.		25. DATE RECD. BY LOCAL REG. 1-2-57		26. REGISTRAR'S SIGNATURE Walter Williamson	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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..... *Lee Mason*

Licensed Embalmer No. 4568

P. O. Address Springfield

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.