

FILED DEC 10 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 199

S. 300  
v. 1-57

2

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Polk</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Bolivar</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <b>State Hosp.</b>		Length of stay in lb <b>4-2 mo. -5 da.</b> yrs.	d. STREET ADDRESS <b>unk</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Dona</b> Middle <b>Martha</b> Last <b>Farmer</b>			4. DATE OF DEATH Month <b>12</b> Day <b>4</b> Year <b>1957</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 11, 1880</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>77</b> IF UNDER 1 YEAR Months <b>10</b> Days <b>23</b> IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
11. BIRTHPLACE (City and state or country) <b>Polk Cy, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Jim Jump</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Richards</b>	14. NAME OF HUSBAND OR WIFE <b>John A. Farmer</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT <b>record, State Hosp, Nevada, Mo.</b> Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Vessel Disease</b> <b>Atheromatous Sclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b></b> DUE TO (c) <b></b>			INTERVAL BETWEEN ONSET AND DEATH <b>yrs.</b> <b>yrs.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Senile Dementia</b> <b>4201</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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 <b>2:55 p.m.</b> Month <b>12</b> Day <b>4</b> Year <b>57</b>			
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 <b>Bolivar, Mo.</b> COUNTY STATE
21. I attended the deceased from <b>4-25-55</b> to <b>12-4-55 1957</b> and last saw her alive on <b>12-4-55 1957</b> Death occurred at <b>2:55 p.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Allen Pickens</i> (Degree or title)		22b. ADDRESS <b>Allen Pickens, H. D., State Hosp., Nevada, Mo.</b>	22c. DATE SIGNED <b>12-4-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Dec. 7, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Bolivar, Mo.</b>
24. FUNERAL DIRECTOR <b>Erwin Blue Bolivar, Mo</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>12-7-1957</b>	26. REGISTRAR'S SIGNATURE <i>Anna J. Ferry</i>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

APR 2 1958

DEC 18 1957

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 Harold B. Erwin

Licensed Embalmer No. 3092  
P. O. Address Bolivar, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.