

Health,  
Welfare  
Public  
Service

300  
1-56

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. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043449

STATE FILE NUMBER

FILED JAN 5 1959 Registration District No. 50 Primary Registration District No. 4071 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <b>Camden</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> COUNTY <b>Camden</b> <b>Pettis, Co</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Camdenton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Camdenton</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Camdenton Mo</b>		Length of stay in 1b <b>21 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>West Hwy 54</b>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <b>Fred Forest Farmer</b>			4. DATE OF DEATH <b>Dec 29 1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Oct 11-1894</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and state or country) <b>Smithton Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		13. FATHER'S NAME <b>Frank Farmer</b>		
14. MOTHER'S MAIDEN NAME <b>Lizzie Lumpe</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes World War One</b>		
16. SOCIAL SECURITY NO. <b>500-05-639</b>		17. INFORMANT <b>William Farmer Warrensburg Mo</b>		

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>Chc Hypertensive Heart Disease with Myocardial Degeneration -</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 yrs</b>
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) <b>Subchronic Emphysema &amp; Bronchial Asthma</b>		

20g. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of Part II of item 18.) <b>---</b>	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>---</b>		20f. CITY, TOWN, OR LOCATION <b>---</b>		COUNTY <b>---</b>		STATE <b>---</b>	
21. I attended the deceased from <b>July-10-58</b> , to <b>Dec 29-58</b> and last saw her/him alive on <b>Dec 29-58</b> Death occurred at <b>11am</b> on the date stated above; and to the best of my knowledge, from the causes stated.									
SIGNATURE (Degree or title) <b>Thomas G. Worsland MD</b>					27a. ADDRESS <b>Camdenton, Mo</b>			27c. DATE SIGNED <b>Dec 31-58</b>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Jan, 1-1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Dale Blair Cemetery</b>		23d. LOCATION (City, town, or county) <b>Camdenton Mo</b>		(State) <b>Mo</b>	
24. FUNERAL DIRECTOR <b>Reed Funeral Home Camdenton Mo</b>				ADDRESS <b>---</b>		25. DATE RECD. BY LOCAL REG. <b>Dec, 31-1958</b>		26. REGISTRAR'S SIGNATURE <b>Zelpha J. Draw</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JAN 12 1959

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 *Robert H Reed*

Licensed Embalmer No. *37*

P.O. Address *Camdent*

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.