URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN – 4 1960

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STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1318

AMENDED

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Length of stay in 1b: 3½ Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: State Hospital # 2 — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Platte
c. CITY OR TOWN: Platte City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): None — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Thomas Middle: C. Last: Farmer
4. DATE OF DEATH: Month: 12 Day: 28 Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 7-4-1877
9. AGE (last birthday): 82
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Taxi Driver
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Platte County, Mo. USA
12. CITIZEN OF WHAT COUNTRY:
13a. FATHER'S NAME: George Farmer
13b. MOTHER'S MAIDEN NAME: Emily E. Corbin
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Records, State Hosp #2 Address: St. Joseph Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 Week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Sclerosis — 15 yrs
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 12-28-59 to 12-28-59 and last saw her/him alive on 12-28-59
Death occurred at 3:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF M. Tahir M.D.

22a. SIGNATURE (Degree or title): Mohammad Tahir M.D
22b. ADDRESS: State Hosp. #2 St. Joseph Missouri
22c. DATE SIGNED: 12-28-59

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 12-28-59
23c. NAME OF CEMETERY OR CREMATORY: PLATTE CITY CEMETERY
23d. LOCATION (City, town, or county) (State): PLATTE CITY, Mo.
24. FUNERAL DIRECTOR: Rollins-Mitchell ADDRESS: PLATTE CITY, Mo.
25. DATE RECD. BY LOCAL REG.: Dec. 31, 1959
26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by Tommy R. Rollins, Student Embalmer No. 564

working under my personal supervision.

Student Tommy R. Rollins Signed Roland M. Giffee

Signature of Student Embalmer

Licensed Embalmer No. 472S

P. O. Address Butte City, Mo

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