

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
 FILED VS. MAY 23 1960

=60-018843

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 60-

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lockwood Mo</u>	Length of stay in 1b <u>Yrs</u>	c. CITY OR TOWN <u>Lockwood Mo</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>Home Highway 160</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Highway 160</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Are</u> Middle <u>D</u> Last <u>Farmer</u>			4. DATE OF DEATH Month <u>May</u> Day <u>10</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>March 29 1876</u>	9. AGE (last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auto &amp; Oil</u>	11. BIRTHPLACE (City and state or country) <u>Dade Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>usa</u>	
13a. FATHER'S NAME <u>William K Farmer</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel Amos</u>		14. NAME OF HUSBAND OR WIFE <u>Lora Farmer</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>197-22-8473</u>	17. INFORMANT <u>Paul Farmer Lockwood Mo</u> 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) <u>Septicemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arteriosclerotic Gangrene</u>		<u>1 month</u>
	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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

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.	Month, Day, Year _____	
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 4-4-60 to 5-10-60 and last saw her <sup>him</sup> alive on 5-3-60  
 Death occurred at 2:35 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Elmer J. Taylor M.D.</u>	22b. ADDRESS <u>Lockwood, Mo.</u>	22c. DATE SIGNED <u>5/11/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 12 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lockwood</u>
24. FUNERAL DIRECTOR <u>Allison Funeral Home Greenfield Mo.</u>		23d. LOCATION (City, town, or county) <u>Lockwood Mo</u>
25. DATE RECD. BY LOCAL REG. <u>5-17-1960</u>		26. REGISTRAR'S SIGNATURE <u>J. C. Canada</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*W. R. Allison*

Licensed Embalmer No.

490

P. O. Address

*Greenville*

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