

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 28 1960

53

Registration District No. _____ Primary Registration District No. 3010

Registrar's No. 258

60-022518

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Cape Girardeau	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau	c. CITY OR TOWN Essex,	a. STATE Missouri COUNTY Stoddard
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Southeast Mo. Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R. F. D. #2

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Charles	Middle Roscoe	Last Farmer	Month June	Day 17,	Year 1960
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-24-1892	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months 0 Days 23 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Segourney, Iowa	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Charles Issac Farmer		13b. MOTHER'S MAIDEN NAME Sally Huddleston		14. NAME OF HUSBAND OR WIFE Lucy A. Farmer	
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.	17. INFORMANT Address Mrss Lucy A. Farmer R.F.D. #2 Essex, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH ? 1 + Mo
IMMEDIATE CAUSE (a) Carcinomatosis, generalized		
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)		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 5-29-60	to 6-17-60 and last saw him alive on 6-17-60	
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.)	20f. CITY, TOWN, OR LOCATION Essex, Mo.	COUNTY Essex STATE Mo.
21. I attended the deceased from 7:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			

22. SIGNATURE (Degree or title) Harold Kidney MD		22b. ADDRESS Cape Girardeau Mo		22c. DATE SIGNED 6/23/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-20-60	23c. NAME OF CEMETERY OR CREMATORY Caroline Dowdy	23d. LOCATION (City, town, or county) R.F.D. #3, Dexter, Mo.	
24. FUNERAL DIRECTOR Strickland-Rainey		ADDRESS Dexter, Mo.	25. DATE RECD. BY LOCAL REG. 6-25-1960	26. REGISTRAR'S SIGNATURE Gene Haster

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 *Lucille Rainey*
Licensed Embalmer No. 4983
P. O. Address Depestre, La

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.