

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040972

FILED VS DEC 14 1960

Registration District No. 16 Primary Registration District No. 5076 Registrar's No. 11

STATE FILE NUMBER

IDED

1. PLACE OF DEATH a. COUNTY Barton			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dade			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richland Twp.		Length of stay in 1b- ---	c. CITY OR TOWN South Greenfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 mi W Golden City on HW 126		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS none		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Robert Middle Lee Last Farmer			4. DATE OF DEATH Month Dec Day 4 Year 60			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/17/32	9. AGE (last birthday) 27	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steeplejack		10b. KIND OF BUSINESS OR INDUSTRY Natl. Industries	11. BIRTHPLACE (City and state or country) Lockwood, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Len Farmer		13b. MOTHER'S MAIDEN NAME Cleoria Jones		14. NAME OF HUSBAND OR WIFE none		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 10/17/50 to 10/12/53		16. SOCIAL SECURITY NO. 490-34-3907	17. INFORMANT Address Mrs. Leo Miessner, So. Greenfield, Mo.			
18. CAUSE OF DEATH (Enter date on which death occurred for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH 30 minutes	
IMMEDIATE CAUSE (a) Spinal Fracture	DUE TO (b) Neck Broken					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Car overturned on Hi. Way 6 miles west of Richland City, Mo.				
20c. TIME OF INJURY Hour 7:30 a.m. p.m. Month, Day, Year Dec. 4-1960		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.) HW 126, 6 mi. W of Golden City, Mo	20f. CITY, TOWN, OR LOCATION COUNTY STATE Barton Mo.		
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 3 a m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Cherene H. Child coroner			22b. ADDRESS Lamar Mo		22c. DATE SIGNED Dec 4 60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/6/60	23c. NAME OF CEMETERY OR CREMATORY Lockwood Cemetery		23d. LOCATION (City, town, or county) (State) Dade Co., Mo.		
24. FUNERAL DIRECTOR ADDRESS Phillips Funeral Home, Golden City, Mo.		25. DATE RECD. BY LOCAL REG. Dec. 6 1960	26. REGISTRAR'S SIGNATURE Hazel St. Rugh			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 16 1960

FEB 21 1961

VS DEC 15 1960

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 J. P. Hugh

Licensed Embalmer No. 3278

P. O. Address Golden Co

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