

FILED JUL 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6032 Registrar's No. 29

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| 1. PLACE OF DEATH a. COUNTY <u>Ripley.</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan Rural.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan Rural.</u> | |
| c. LENGTH OF STAY (In this place) <u>1 Month</u> | | d. STREET ADDRESS (If rural, give location) <u>1/4 Miles S.E. of Doniphan, Mo.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>2 1/4 Miles S.E. of Doniphan, Mo.</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Edmond</u> c. (Last) <u>Farmer.</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 8, 1949</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u> | 8. DATE OF BIRTH <u>July 22, 1891.</u> | 9. AGE (In years last birthday) <u>67.</u> | 10. UNDER 1 YEAR Months <u>8</u> | 11. UNDER 1 YEAR Hours <u>16</u> | 12. UNDER 1 YEAR Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work, done during most of working life, even if retired) <u>Farming.</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture.</u> | 11. BIRTHPLACE (State or foreign country) <u>Eldorado, Illinois.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>George Marion Farmer.</u> | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Jane Stricklin.</u> | 14. NAME OF HUSBAND OR WIFE <u>Nellie May Farmer.</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Marie Hastings Ponder, Mo.</u> | ADDRESS _____ |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage.</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>23 IX</u> |
| | ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last.) DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Doniphan, Mo.</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |
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22. I hereby certify that I attended the deceased from June 1, 1949, to June 8, 1949 that I last saw the deceased alive on 6-8-49, 1949 and that death occurred at 6:30 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Clifford G. York, M.D.</u> | 23b. ADDRESS <u>Doniphan Mo.</u> | 23c. DATE SIGNED <u>6-10-49</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>June 12, 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Shirley Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Doniphan, Mo. R.#7</u> |
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| DATE REC'D BY LOCAL REG. <u>6-10-49</u> | REGISTRAR'S SIGNATURE <u>E. O. Johnston</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Mearns</u> | ADDRESS <u>Doniphan, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7-9-47
Dis. No. 8,
Direct File No. 749481
Date Filed 7-14-49

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
Student Embalmer

Signed Ray Means

Licensed Embalmer No. 3743

P. O. Address Doniphan, Mo.

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 this body is not embalmed, fact should be so stated above.