

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 23 1949

State File No. 26030

BIRTH NO.		REG. DIST. NO. <u>6</u>	PRIMARY REG. DIST. NO. <u>5031</u>	Registrar's No. <u>31</u>
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cooper Springs Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cooper Springs Rural</u>		
c. LENGTH OF STAY (In this place) <u>10 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles West of Vandalia</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles West of Vandalia</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles West of Vandalia</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nellie</u> b. (Middle) <u>Washington</u> c. (Last) <u>Farnsworth</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 13 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 31 1882</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR: <u>66</u> Months <u>9</u> Days <u>18</u> IF UNDER 1 YEAR: Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Auxvasse Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Sam P. Martin</u>		
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bradley</u>		14. NAME OF HUSBAND OR WIFE <u>Clarence I. Farnsworth</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clarence I. Farnsworth Vandalia Mo.</u>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>42 1/2</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
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?
22. I hereby certify that I attended the deceased from <u>Aug 31</u> , 19 <u>48</u> , to <u>Aug 13</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov 30</u> , 19 <u>49</u> and that death occurred at <u>9:4</u> a.m., from the causes and on the date stated above.				
23a. SIGNATURE <u>J.V. Blair M.D.</u> (Degree or title)		23b. ADDRESS <u>Vandalia Mo.</u>		23c. DATE SIGNED <u>8/24/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 14 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Auxvasse Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Auxvasse Missouri</u>		DATE REC'D. BY, LOCAL REG. REGISTRAR'S SIGNATURE <u>Mollie Fugate</u> b. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. S. W. Vandalia Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 29 1949

RECEIVED AUG 19 1949
District Health Officer No. 10
District File Number 8-49-1424
Date Filed AUG 19 1949

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 _____

William B. Tate

Licensed Embalmer No. 4169

P. O. Address Wardlaw 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.