

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32844

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>365</u>		PRIMARY REG. DIST. NO. <u>0238</u>		Registrar's No. <u>12</u>		
1. PLACE OF DEATH a. COUNTY <u>Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Belgrade</u>		c. LENGTH OF STAY (In this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Belgrade</u>				d. STREET ADDRESS (If rural, give location) <u>Near Belgrade</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Etta</u> c. (Last) <u>Farmer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 6 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>Sept. 18 1871</u>		
9. AGE (In years last birthday) <u>77</u>		if UNDER 1 YEAR Months <u>11</u> Days <u>18</u>		if UNDER 12 HRS. Hours <u></u> Mins. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>			10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Washington Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William S. Berger</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Black</u>			14. NAME OF HUSBAND OR WIFE <u>J. R. Farmer</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Sarah Maxwell Peters</u> ADDRESS <u>RR 2 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>Valvular heart lesion</u>  ANTECEDENT CAUSES DUE TO (b) <u>arterio-sclerosis</u> DUE TO (c) <u>chronic nephritis</u>  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>592X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>9-1</u> , 1949, to <u>9-6</u> , 1949, that I last saw the deceased alive on <u>9-1</u> , 1949, and that death occurred at <u>1:30 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Joseph L. Thurman, M.D.</u>			23b. ADDRESS <u>Potosi, Mo.</u>			23c. DATE SIGNED <u>9-8-49.</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-8-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ramsey Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>9-16-49</u>		REGISTRAR'S SIGNATURE <u>Etta D White</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Luther Sparks</u>		ADDRESS <u>Potosi Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-19-47

District Health Officer No. 4  
File Number 949-1219  
Date Filed \_\_\_\_\_

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.

Signed Murphy L. ...

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4226

P. O. Address Flat River ...

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.