

FILED MAR 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4697

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains, 0461	
c. LENGTH OF STAY (In this place) 76 yrs		d. STREET ADDRESS (If rural, give location) 317 N. Minnesota 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/>			
3. NAME OF DECEASED a. (First) Elizabeth b. (Middle) Ann c. (Last) Farmer			4. DATE OF DEATH (Month) (Day) (Year) 2-20-50
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 8-11-1868
9. AGE (In years last birthday) 81		10. MONTHS 6	11. HOURS 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) Corinth, Mississippi /
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME John T. Cobb		13b. MOTHER'S MAIDEN NAME Martha A. Stewart	14. NAME OF HUSBAND OR WIFE John Farmer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Harry Dwyer, West Plains, Mo
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage, Left Side INTERVAL BETWEEN ONSET AND DEATH 24 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerosis - with high blood pressure DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Debilitated old age 331X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no operation	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) not		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) not	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) West Plains, Howell Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ✓		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from Jan. 26, 1950 , to Feb. 21st, 1950 that I last saw the deceased alive on July 18th, 1950 , and that death occurred at 7:35 a. m. , from the causes and on the date stated above.			
23a. SIGNATURE Dr. Thomasburgh, M.D.		23b. ADDRESS West Plains, Mo.	23c. DATE SIGNED 3/3/50
24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE 2-22-50	24c. NAME OF CEMETERY OR CREMATORY Mackey
24d. LOCATION (City, town, or county) (State) Pomona, Missouri			
DATE REC'D BY LOCAL REG. 3-2-50		REGISTRAR'S SIGNATURE Beatrice Cook 379	
25. FUNERAL DIRECTOR'S SIGNATURE Robertson, West Plains, Missouri		ADDRESS	

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

RECEIVED 3-7-50

District Health Officer No. 5,

District File Number 8-50-153

Date Filed 3-10-50

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

A. D. Robertson

Licensed Embalmer No. 3430

P. O. Address West Ham

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.