

FILED OCT 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29652

BIRTH NO. _____ REG. DIST. NO. ~~5180~~ 5180 PRIMARY REG. DIST. NO. 5180 Registrar's No. 38

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <i>Candeur</i> | | 2. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission.) a. STATE <i>Missouri</i> b. COUNTY <i>Candeur, Mo</i> | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Decaturville</i> | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Decaturville Township</i> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Own Home</i> | | d. STREET ADDRESS (If rural, give location) <i>Own Home</i> | |

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|-------------------------------------|--------------------------|---------------------------|-----------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <i>Robert</i> | b. (Middle) <i>Farmer</i> | c. (Last) _____ | 4. DATE OF DEATH (Month) (Day) (Year) <i>Sep 25-50</i> |
|-------------------------------------|--------------------------|---------------------------|-----------------|--|

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|--------------------|------------------------------|--|------------------------------------|---|------------------------|----------------------|-----------------------|----------------------|
| 5. SEX <i>male</i> | 6. COLOR OR RACE <i>whit</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i> | 8. DATE OF BIRTH <i>Dec 8 1866</i> | 9. AGE (In years last birthday) <i>84</i> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 HRS. Hours | IF UNDER 1 HRS. Min. |
|--------------------|------------------------------|--|------------------------------------|---|------------------------|----------------------|-----------------------|----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farming</i> | 10b. KIND OF BUSINESS OR INDUSTRY <i>agriculture</i> | 11. BIRTHPLACE (State or foreign country) <i>Candeur Mo MO</i> | 12. CITIZENSHIP OF WHAT COUNTRY? <i>USA</i> |
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| 13a. FATHER'S NAME <i>Thomas O Farmer</i> | 13b. MOTHER'S MAIDEN NAME <i>Katherine Hampton</i> | 14. NAME OF HUSBAND OR WIFE <i>none</i> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <i>Ann Farmer</i> | ADDRESS <i>Decaturville</i> |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Interstital Nephritis</i> | | INTERVAL BETWEEN ONSET AND DEATH <i>8 mos.</i> |
| | 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 ³ Conditions contributing to the death but not related to the disease or condition causing death. | | 593X | |

| | | |
|------------------------------|--|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <i>No operation</i> | 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) _____ |
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| | | |
|--|--|----------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | 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 *Jan*, 1950, to *Sept*, 1950, that I last saw the deceased alive on *Sept 24*, 1950, and that death occurred at *6:00 PM*, from the causes and on the date stated above.

| | | |
|---|----------------------------------|----------------------------------|
| 23a. SIGNATURE <i>E. C. ...</i> (Degree or title) <i>M.D.</i> | 23b. ADDRESS <i>Candeur, Mo.</i> | 23c. DATE SIGNED <i>10-10-50</i> |
|---|----------------------------------|----------------------------------|

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|--|----------------------------|--|--|
| 24a. BURIAL, CREMATION REMOVAL (Specify) <i>burial</i> | 24b. DATE <i>Sep 27-50</i> | 24c. NAME OF CEMETERY OR CREMATORY <i>Decaturville</i> | 24d. LOCATION (City, town, or county) (State) <i>Decaturville Mo</i> |
|--|----------------------------|--|--|

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|--|--|----|---|---------------------------|
| DATE REC'D BY LOCAL REG. <i>Oct. 10-1950</i> | REGISTRAR'S SIGNATURE <i>Zilpha Traw</i> | 42 | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Banksen Woolery</i> | ADDRESS <i>Candeur Mo</i> |
|--|--|----|---|---------------------------|

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

150
1

RECEIVED 10-13-50

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 10-13-50

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 *Abie Banksou Woolery*

Licensed Embalmer No. *2488*

P. O. Address *Camdenton, 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.