

FILED NOV 29 1950

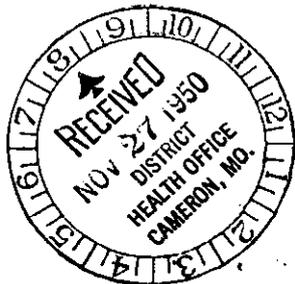
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36470

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 4291 Registrar's No. 84

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Clay</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u> | | c. LENGTH OF STAY (In this place) <u>All Life</u> | |
| c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u> | | d. STREET ADDRESS (If rural, give location) <u>R.R. # Chandler, Mo.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Chandler, Mo.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> | | b. (Middle) | |
| | | c. (Last) <u>Farmer</u> | |
| | | 4. DATE OF DEATH (Month) (Day) (Year) <u>November 20, 1950</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | 8. DATE OF BIRTH <u>September 7, 1882</u> |
| 9. AGE (In years last birthday) <u>68</u> | | IF UNDER 1 YEAR <u>2</u> Months <u>13</u> Days | IF UNDER 24 HRS. <u>11</u> Hours <u>13</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Iowa</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Lewis W. Farmer</u> | | 13b. MOTHER'S MAIDEN NAME <u>Florence White</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Mable Murdock</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Ralph Farmer</u> | | ADDRESS <u>Liberty, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular renal syndrome</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> few years DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 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) m. | 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>1948</u> , to <u>Nov</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Nov 1, 1950</u> , and that death occurred at <u>4:00</u> A m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>W. J. Gaddison M.D.</u> | | 23b. ADDRESS <u>Liberty Mo</u> | |
| 23c. DATE SIGNED <u>11/21/50</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11-22-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Chandler Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Chandler Missouri</u> |
| DATE REC'D BY LOCAL REG. <u>Nov-22-1950</u> | REGISTRAR'S SIGNATURE <u>Minnie H. Gagner</u> | 64 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chandler - Archer Co. Liberty Mo</u> | |

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



DEC 10 1951

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 Harold G. Smith

Licensed Embalmer No. 4575

P. O. Address Liberty 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.