

FILED MAY 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH16249  
State File No. 16249

BIRTH NO. 13744-51 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5463 Registrar's No. 454

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>STAFFORD</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>STAFFORD 0390</b>	
c. LENGTH OF STAY (in this place) <b>3 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>STAFFORD 0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>STAFFORD</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JACK</b> b. (Middle) <b>STEVEN</b> c. (Last) <b>FARMER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3 18 51</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	
8. DATE OF BIRTH <b>3-15-1951</b>		9. AGE (In years last birthday) <b>3</b>		IF UNDER 1 YEAR Months Days <b>3</b>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>INFANT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>INFANT</b>		11. BIRTHPLACE (State or foreign country) <b>MO. 0</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>JACK FARMER</b>		13b. MOTHER'S MAIDEN NAME <b>WANDA WILLIAMS</b>		14. NAME OF HUSBAND OR WIFE <b>INFANT</b>	
---------------------------------------	--	---	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. (If yes, give war or date of service) <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>JACK FARMER</b> ADDRESS <b>STAFFORD MO</b>	
---	--	---	--	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pr 20 monia year!</b>				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>mynd &amp; Fall Fever.</b>					
		DUE TO (c) <b>Thin Tobacco</b>					
		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 <b>7630</b>				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) 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 **3-18-1951**, to **3-18-1951**, that I last saw the deceased alive on **3-18-1951**, and that death occurred at **8:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W F Schmidt MD</b>		23b. ADDRESS <b>Union</b>		23c. DATE SIGNED <b>3-20-51</b>	
--	--	---------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>3-19-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MAITSHFIELD</b>		24d. LOCATION (City, town, or county) (State) <b>MAITSHFIELD MO</b>	
---	--	--------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <b>5/24/51</b>		REGISTRAR'S SIGNATURE <b>W F Schmidt MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W B BARTO</b> ADDRESS <b>MAITSHFIELD</b>	
---	--	---	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD.

---

---

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 *Lee Mason* .....

Licensed Embalmer No. *4568* .....

P. O. Address *Muskegon, 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.