

FILED JUL 31 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22489

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 189

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY Cole   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY Cole |  |
| b. CITY (If outside corporate limits, write RURAL and give town or township) Jefferson City                                     |  | c. CITY (If outside corporate limits, write RURAL and give township) Jefferson City  |  |
| c. LENGTH OF STAY (in this place) 6mo.  |  | d. STREET ADDRESS (If rural, give location) 330 Fulkerson St.  |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Marys Hospital |  |  |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) Janis b. (Middle) Mary c. (Last) Farmer |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br>July 26, 1951 |  |  |
|---|--|--|--|--|--|

|               |                        |   |                                |                                   |              |             |                                |
|---------------|------------------------|---|--------------------------------|-----------------------------------|--------------|-------------|--------------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant | 8. DATE OF BIRTH Oct. 17, 1950 | 9. AGE (In years last birthday) 2 | 10. MONTHS 8 | 11. DAYS 21 | 12. IF UNDER 1 YEAR Hours Min. |
|---------------|------------------------|---|--------------------------------|-----------------------------------|--------------|-------------|--------------------------------|

|  |  |  |                                  |
|--|--|--|----------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant | 10b. KIND OF BUSINESS OR INDUSTRY infant | 11. BIRTHPLACE (State or foreign country) Saginaw Michigan | 12. CITIZEN OF WHAT COUNTRY? USA |
|--|--|--|----------------------------------|

|                                     |                                      |                             |
|-------------------------------------|--------------------------------------|-----------------------------|
| 13a. FATHER'S NAME Edward G. Farmer | 13b. MOTHER'S MAIDEN NAME Herta Sell | 14. NAME OF HUSBAND OR WIFE |
|-------------------------------------|--------------------------------------|-----------------------------|

|   |                            |  |                             |
|---|----------------------------|--|-----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. no | 17. INFORMANT'S SIGNATURE OR NAME Edward G. Farmer | ADDRESS Jefferson City, Mo. |
|---|----------------------------|--|-----------------------------|

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH<br>30 days |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculous meningitis   |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>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 July 9, 1951, to July 26, 1951, that I last saw the deceased alive on July 26, 1951, and that death occurred at 6:32 P. m., from the causes and on the date stated above.

|  |                                  |                          |
|--|----------------------------------|--------------------------|
| 23a. SIGNATURE John S. Bennett, M.D. (Degree or title) | 23b. ADDRESS Jefferson City, Mo. | 23c. DATE SIGNED 7-26-51 |
|--|----------------------------------|--------------------------|

|  |                        |  |   |
|--|------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE July 28 1951 | 24c. NAME OF CEMETERY OR CREMATORY Joplin Cemetery | 24d. LOCATION (City, town, or county) (State) Joplin, Mo. |
|--|------------------------|--|---|

|  |  |  |                             |
|--|--|--|-----------------------------|
| DATE REC'D BY LOCAL REG. July 2 - 1951 | REGISTRAR'S SIGNATURE R. P. Dorris, M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE Victor Buescher | ADDRESS Jefferson City, Mo. |
|--|--|--|-----------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

264  
0

RECEIVED 7-30-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 7-30-51 \_\_\_\_\_

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 Victor Buescher

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

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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.