

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25393**

FILED JUL 29 1952

BIRTH NO. _____ REG. DIST. NO. **292** PRIMARY REG. DIST. NO. **6000** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Ralls 0890		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ralls 0890	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jasper		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jasper	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 5 miles North of Vandalia	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 miles North of Vandalia			

3. NAME OF DECEASED (Type or Print)	a. (First) Suda	b. (Middle) Lee	c. (Last) Farnsworth	4. DATE OF DEATH (Month) (Day) (Year) July 19, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec 19, 1879	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 60 MIN. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Sadie County, Kentucky	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Andrew Jackson Tandy	13b. MOTHER'S MAIDEN NAME Mollie Whitaker	14. NAME OF HUSBAND OR WIFE John Wesley Farnsworth
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hrs 14 days 12 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Edema DUE TO (c) Myocardial failure		
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"/>
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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?
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22. I hereby certify that I attended the deceased from **Jan 1948, 19**, to **July 19, 1952**, that I last saw the deceased alive on **July 19, 1952**, and that death occurred at **11 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. M. Dougherty B.S.D.D. 2	23b. ADDRESS Vandalia, Mo.	23c. DATE SIGNED July 23/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) 0	24b. DATE July 21, 1952	24c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery	24d. LOCATION (City, town, or county) (State) Vandalia, Missouri
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DATE REC'D BY LOCAL REG. 7/25/52	REGISTRAR'S SIGNATURE Clyde Wesley	FUNERAL DIRECTOR'S SIGNATURE William B. Waters	ADDRESS Vandalia, Missouri
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WRITE PLAINLY—USING UNFADING 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

Wm. B. Waters

Licensed Embalmer No.

4169

P. O. Address

Vandalia 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.