

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17348

State File No. ....

No. 300  
10.48

FILED MAY 21 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 26

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <u>Cedar</u><br>b. CITY OR TOWN <u>EL DORADO Spg</u><br>c. LENGTH OF STAY (in this place) <u>None</u><br>d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>   |   |   | <b>2. USUAL RESIDENCE</b> (Where deceased lived; if institution: residence before admission)<br>a. STATE <u>mo</u> b. COUNTY <u>Cedar</u><br>c. CITY OR TOWN <u>El Dorado Springs, mo</u><br>d. STREET ADDRESS <u>410 N. Jackson St.</u>                                     |   |  |
| <b>3. NAME OF DECEASED</b><br>a. (First) <u>VIOLA</u><br>b. (Middle) _____<br>c. (Last) <u>FARMER</u>  |   | <b>4. DATE OF DEATH</b> (Month) (Day) (Year)<br><u>May 10 1953</u>  |  |   |  |
| <b>5. SEX</b><br><u>Female</u>   | <b>6. COLOR OR RACE</b><br><u>White</u> | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)<br><u>Widowed</u>                               | <b>8. DATE OF BIRTH</b><br><u>11-23-1885</u>   |   |  |
| <b>9. AGE</b> (In years last birthday) <u>67</u><br>If under 1 year: Months _____ Days _____<br>If under 1 year: Hours _____ Min. _____  |   | <b>11. BIRTHPLACE</b> (City and State or Foreign Country)<br><u>Kansas</u>                                    |  | <b>12. CITIZEN OF WHAT COUNTRY?</b><br><u>1</u>                                   |  |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |   | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br>_____   |  | <b>11. BIRTHPLACE</b> (City and State or Foreign Country)<br><u>Kansas</u>        |  |
| <b>13a. FATHER'S NAME</b><br><u>Andrew Dalton</u>  |   | <b>13b. MOTHER'S MAIDEN NAME</b><br><u>Nancy Billings</u>   |  | <b>14. NAME OF HUSBAND OR WIFE</b><br><u>Joseph H. Farmer</u>                     |  |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) _____<br>(If yes, give war or dates of service) _____   |   | <b>16. SOCIAL SECURITY NO.</b><br>_____   |  | <b>17. INFORMANT'S SIGNATURE OR NAME</b><br><u>Mrs. Raymond Ruby Eldorado Spg</u> |  |
| <b>MEDICAL CERTIFICATION</b>   |   |   |  |   |  |
| <b>18. CAUSE OF DEATH</b><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, asthma, etc. It means the disease, injury, or complication which caused death.                             |   |   | <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Chronic myocarditis</u><br><br><b>ANTECEDENT CAUSES</b><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |   |  |
| <b>18. CAUSE OF DEATH</b> (continued)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><br>_____  |   |   | <b>INTERVAL BETWEEN ONSET AND DEATH</b><br><u>18 mos.</u>  |   |  |
| <b>19a. DATE OF OPERATION</b><br>_____   |   | <b>19b. MAJOR FINDINGS OF OPERATION</b><br><br><u>4222</u>  |  |   |  |
| <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |   | <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____   |  |   |  |
| <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____  |   | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b><br>_____   |  |   |  |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____   |   | <b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | <b>21f. HOW DID INJURY OCCUR?</b><br>_____  |  |
| <b>22. I hereby certify that I attended the deceased from <u>18 Nov</u>, 1951, to <u>10 May</u>, 1953, that I last saw the deceased alive on <u>10 May</u>, 1953, and that death occurred at <u>5:00 a.m.</u>, from the causes and on the date stated above.</b> |   |   |  |   |  |
| <b>23a. SIGNATURE</b><br><u>John Hill</u>  |   | <b>23b. ADDRESS</b><br><u>mo Eldorado Springs, mo</u>   |  | <b>23c. DATE SIGNED</b><br><u>11 May 53</u>                                       |  |
| <b>24a. BURIAL (CREMATION) REMOVAL</b> (Specify)<br><u>Burial</u>  |   | <b>24b. DATE</b><br><u>5-13-53</u>  |  | <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><u>Mc Kiff Cem.</u>                  |  |
| <b>24d. LOCATION</b> (City, town, or county) (State)<br><u>El Dorado Spg, mo</u>   |   | <b>24e. FUNERAL DIRECTOR'S SIGNATURE</b><br><u>W. H. ...</u>  |  |   |  |
| <b>DATE REC'D BY LOCAL REG.</b><br><u>MAY 11, 1953</u>   |   | <b>REGISTRAR'S SIGNATURE</b><br><u>Ken ...</u>  |  | <b>ADDRESS</b><br><u>...</u>  |  |

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

418-0

(Licensed Embalmer's Department on Reverse Side)

ms.

**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 *Floyd C. Caruthers*

Licensed Embalmer No. *4419*

P. O. Address *Eldorado Springs, 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.