

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42556**
Registrar's No. **1153**

FILED JAN 4 1954

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

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

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION BARBER REST HOME		e. STREET ADDRESS (If rural, give location) 823 W. POPLAR 0390	

3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR b. (Middle) C. c. (Last) FARNHAM		4. DATE OF DEATH DEC. 29 1953 (Month) (Day) (Year)	
5. SEX MALE	6. COLOR (OR RACE) WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 21 1887
9. AGE (In years last birthday) 66		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK	10. b. KIND OF BUSINESS OR INDUSTRY School Supply
11. BIRTHPLACE (City and State or Foreign Country) CAWKER CITY, KANSAS		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME CHARLES FARNHAM	13b. MOTHER'S MAIDEN NAME ADDIE POSTUM	14. NAME OF HUSBAND OR WIFE SYLVIA FARNHAM
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME MRS. SYLVIA FARNHAM ADDRESS SPRINGFIELD, MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		DUE TO (b) Arterio Sclerotic Heart Disease		2 days
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinson Disease.				

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) _____	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 **November, 1953**, to **Dec 29, 1953**, that I last saw the deceased alive on **Dec 27, 1953**, and that death occurred at **1 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE A. Newton Wakeman M.D. (Degree or title)	23b. ADDRESS Springfield Mo	23c. DATE SIGNED 12-29-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12/31/53	24c. NAME OF CEMETERY OR CREMATORY GREENLAWN
24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI	25. FUNERAL DIRECTOR'S SIGNATURE H.H. LOHMEYER ADDRESS SPRINGFIELD, MO.	
DATE REC'D BY LOCAL REG. 12-30-53	REGISTRAR'S SIGNATURE Edith Williams	

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.....
Signature of Student Embalmer

Signed *Walter E. Hamilton*.....

Licensed Embalmer No.....3808.....

P. O. Address SPRINGFIELD, 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 embalmed by a ~~STUDENT~~, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.