

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15680

State File No. _____

FILED MAY 26 1954

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>HOWELL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>HOWELL</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEST PLAINS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEST PLAINS</u>	
c. LENGTH OF STAY (In this place) <u>1 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>WEBSTER AVE.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>res. of Dow Felty</u>			

3. NAME OF DECEASED (Type or Print) <u>LILLIE MAY FARNHAM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 20, 1954</u>		
a. (First)	b. (Middle)	c. (Last)	Year	Month	Day
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>MAY 25, 1876</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Galatia, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Thomas Mace</u>	13b. MOTHER'S MAIDEN NAME <u>Ann Tate</u>	14. NAME OF HUSBAND OR WIFE <u>David P. Farnham</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>←</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clarence Farnham, W. Plains, Mo.</u>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary Edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
	DUPLICATE TO (b) <u>Hypertensive Heart Disease</u>		<u>years</u>
	DUPLICATE TO (c) <u>Hypertension, essential</u>		<u>years</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obesity</u>		

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) <u>443x</u>
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 1-16, 1954, to 5-20, 1954, that I last saw the deceased alive on 5-20, 1954, and that death occurred at 2:45 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jack N. Wilson, M.D.</u>	23b. ADDRESS <u>West Plains, Mo.</u>	23c. DATE SIGNED <u>5-22-54</u>
24a. BURIAL OR CREMATION REMOVAL (Specify) <u>May 22, 1954</u>	24b. DATE <u>May 21, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Iberia Cem.</u>
		24d. LOCATION (City, town, or county) (State) <u>Iberia, Mo.</u>

DATE RECD BY LOCAL REG. <u>5-24-54</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hal Staubergh, W. Plains, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 27 1954

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

Hal Thompson Jr

Licensed Embalmer No.

3408

P. O. Address

W. Plains, 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.