

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <i>Jasper</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>mo.</i> b. COUNTY <i>Ozark</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Mineral Spring</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>gainsville</i>	
c. LENGTH OF STAY (In this place) <i>4 days</i>		d. STREET ADDRESS (If rural, give location) <i>1</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Jasper County T.H. Hospital</i>			

3. NAME OF DECEASED a. (First) <i>Jesse</i> b. (Middle) _____ c. (Last) <i>Farmer</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>June 5-1954</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>	8. DATE OF BIRTH <i>7-28-1913</i>
9. AGE (In years last birthday) <i>40</i>		10. UNDER 1 YEAR Months <i>10</i> Days <i>7</i>	11. UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>mechanist</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farm Machinery</i>	
11. BIRTHPLACE (State or foreign country) <i>gainsville, mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>us</i>	

13a. FATHER'S NAME <i>Dr. P. Farmer</i>		13b. MOTHER'S MARRIAGE NAME <i>Minnie Lane</i>		14. NAME OF HUSBAND OR WIFE <i>Divorced</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>500-01-8992</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Arnold Farmer, Phineville, Mo</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>1-4-5</i>		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pulmonary tuberculosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>not known</i>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 <i>002X</i>		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 *June 1, 1954* to *June 5, 1954*, that I last saw the deceased alive on *June 5, 1954*, and that death occurred at *11 P* m., from the causes and on the date stated above.

23a. SIGNATURE <i>P. R. Roney MD</i>		23b. ADDRESS <i>Box 390 Webb City, mo</i>		23c. DATE SIGNED <i>6-6-54</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>6-10-54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Sims Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Ozark County, mo</i>	
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DATE REC'D BY LOCAL REG. <i>6-7-54</i>		REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Clinkenbeard</i>		ADDRESS <i>Ava, Mo</i>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUN 14 195
Jasper County Health Office
County File Number 54-6-46
Date Filed JUN 14 195

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

Richard Gray Lewis

Licensed Embalmer No. 4495

P. O. Address

Webb 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.