

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18159

State File No.

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 161

1. PLACE OF DEATH a. COUNTY <u>CALLOWAY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LACLEDE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FULTON MISSOURI</u>		c. LENGTH OF STAY (In this place) <u>1 M.</u>	c. CITY OR TOWN <u>Lebanon</u>		d. Is 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 <u>State Hospital No 1.</u>			e. STREET ADDRESS (If rural, give location) <u>454 west hayes St</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ethel</u> b. (Middle) <u>-</u> c. (Last) <u>Farmer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 25 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>January 23 84</u>		9. AGE (In years last birthday) <u>70</u>
			IF UNDER 1 YEAR Months <u>5</u>	IF UNDER 1 YEAR Days <u>2</u>	IF UNDER 16 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Keeping own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri Morgan, Co., U. S. A.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Alec Carns</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah L Christians</u>		14. NAME OF HUSBAND OR WIFE <u>Asa Farmer</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None Given</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital Records State Hospital no 1</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</u>					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Spontaneous Rupture of Left Ventricle</u>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DUE TO (b) <u>Cardiac Saculation</u> <u>Coronary Arterio sclerosis</u> DUE TO (c) <u>Cardiovascular & Renal Disease</u>			Long standing		
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"/>
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 <u>May - 26, 1954</u> , to <u>June - 26, 1954</u> , that I last saw the deceased alive on <u>June 25, 1954</u> , and that death occurred at <u>9:00 A. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or Title) <u>J Henry Fowler M. D.</u>			23b. ADDRESS <u>Fulton Missouri</u>		23c. DATE SIGNED <u>6/26/54</u>
24a. BURIAL CREMA-TION, REMOVAL (Specify)		24b. DATE <u>Burial June 28-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Conway Cemetery, near Cassidenton Mo</u>	
24d. LOCATION (City, town, or county) (State)		24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wallace Funeral Home Fulton Mo</u>			
DATE REC'D BY LOCAL REG. <u>June 26-1954</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> ADDRESS <u>406</u>			

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Denzil C. Browning*.....

Licensed Embalmer No. *27*.....

P. O. Address *Hulton*.....

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.