No. 300
10.46

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36938

FILED DEC 6 1954

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3018 Registrar's No. 83

0331

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

1. PLACE OF DEATH
a. COUNTY: Dent County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salem, Missouri
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hart Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dent
c. CITY OR TOWN: Boss, Missouri
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Boss, Missouri
Osage, TWP 033

3. NAME OF DECEASED (Type or Print)
a. (First): Fred
b. (Middle): Issac
c. (Last): Farmer

4. DATE OF DEATH (Month) (Day) (Year): Nov. 21, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 1, 1881
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Sam Farmer
13b. MOTHER'S MAIDEN NAME: Liza Canaday
14. NAME OF HUSBAND OR WIFE: Viola Farmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: 489-12-8999
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Viola Farmer, Boss, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

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: 331 X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* II-18-54, *19*___, *to* II-21-54 *19*___, *that I last saw the deceased alive on* II-21-54 *19*___, *and that death occurred at* 2:30AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roy E Mitchell M.D.
23b. ADDRESS: Salem, Mo.
23c. DATE SIGNED: II-22-54

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Nov 23, 1954
24c. NAME OF CEMETERY OR CREMATORY: Boss Cemetery
24d. LOCATION (City, town, or county) (State): Boss, Mo.

DATE REC'D BY LOCAL REG.: II-22-54
REGISTRAR'S SIGNATURE: M. M. Hart, M.W. by M.E.E. 83-7
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. a 37

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.