

FILED JAN 4 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42003

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5998 Registrar's No. 86

|  |  |  |                                    |
|--|--|--|------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Putnam</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u> |                                    |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Powersville</u>                          |  | c. LENGTH OF STAY (in this place) <u>Life Time</u>   | c. CITY OR TOWN <u>Powersville</u> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>York</u> |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>          |                                    |
|  |  | e. STREET ADDRESS (If rural, give location) <u>6860</u>  |                                    |

|  |                               |   |  |   |  |
|--|-------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Nellie</u> b. (Middle) <u>Ann</u> c. (Last) <u>Farnsworth</u> |                               |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Dec. 17 1954</u>                     |   |  |
| 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>Feb. 11 1879</u>   | 9. AGE (In years last birthday) <u>76</u> | IF UNDER 1 YEAR Months <u>10</u> Days <u>6</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>       |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>                     | 11. BIRTHPLACE (City and State or Foreign Country) <u>Putnam County Missouri</u> |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>     |

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|--|--|---|
| 13a. FATHER'S NAME <u>William Lewis Rowanworth</u>   | 13b. MOTHER'S MAIDEN NAME <u>Maggie Millan</u> | 14. NAME OF HUSBAND OR WIFE <u>Willard E. Farnsworth</u>                          |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>None</u>            | 17. INFORMANT'S SIGNATURE OR NAME <u>Dale Farnsworth Powersville, Mo.</u> ADDRESS |

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>   |  | <u>2 yrs.</u>                    |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute Bronchitis</u>   |   |  | <u>2 weeks.</u>                  |

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| 19a. DATE OF OPERATION                             | 19b. MAJOR FINDINGS OF OPERATION <u>4222</u>   | 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) 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 May 10, 1953, to Dec 17, 1954, that I last saw the deceased alive on Dec 17, 1954, and that death occurred at 8:10 a. m., from the causes and on the date stated above.

|   |                                 |   |
|---|---------------------------------|---|
| 23a. SIGNATURE <u>G. Dale D.D.</u> (Degree or title)    | 23b. ADDRESS <u>Newtown Mo.</u> | 23c. DATE SIGNED <u>Dec 23/54</u>                                     |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Dec. 20 1954</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>Powersville Cemetery</u>        |
|   |                                 | 24d. LOCATION (City, town, or county) (State) <u>Powersville, Mo.</u> |

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|--|--|--|
| DATE REC'D BY LOCAL REG. <u>12-31-54</u> | REGISTRAR'S SIGNATURE <u>Marvell Darbin</u> <u>266</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Comstock Funeral Home</u> ADDRESS <u>Unionville, Mo.</u> |
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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 *John N. Comstock*  
Licensed Embalmer No. *389*  
P. O. Address *Unionville*

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.