

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43237**

FILED JAN 18 1955

BIRTH NO. 94923-54 REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 130

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

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE _____ b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EXCELSIOR SPRINGS</u>		c. LENGTH OF STAY (In this place) <u>10 Mos.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____		6002
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EXCELSIOR SPRINGS HOSPITAL</u>			d. STREET ADDRESS (If rural, give location) _____		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Philip</u> b. (Middle) <u>DARREN</u> c. (Last) <u>FARMER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 16, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>DEC. 16, 1954</u>		9. AGE (In years last birthday) <u>10</u> <u>20</u> Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>EXCELSIOR SPRINGS, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>DARRELL D. FARMER</u>		13b. MOTHER'S MAIDEN NAME <u>PATRICIA HALTERMAN</u>		14. NAME OF HUSBAND OR WIFE _____	
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. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>DARRELL D. FARMER HARDIN, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute dilatation heart not</u> <u>premature development 7 mths</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7544</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) (Min)		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>Dec 16 - 1954</u> to <u>Dec 16 - 54</u> , that I last saw the deceased alive <u>Dec 16 1954</u> and that death occurred at <u>9:45</u> m., from the causes and on the date stated above.					

23a. SIGNATURE <u>G. B. Gay M.D.</u>		23b. ADDRESS <u>St. Richmond</u>		23c. DATE SIGNED <u>12-18-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-18-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hardin Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Hardin Mo.</u>		

DATE REC'D BY LOCAL REG. <u>1/18/55</u>	REGISTRAR'S SIGNATURE <u>Bessaline Hutchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knipshild & Bookending Hardin, Mo.</u>		
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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 August Roschering

Licensed Embalmer No. 7678

P. O. Address Hardin 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.