

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5606

State File No.

FILED FEB 28 1955

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5787 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miss.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston (Rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston (Rural)</u> <u>0670</u>	
c. LENGTH OF STAY (In this place) <u>31 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Route 2, Box 174</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 2, Box 174</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jim</u> b. (Middle) _____ c. (Last) <u>Farmer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 9, 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 25, 1888</u>	9. AGE (In years last birthday) <u>66</u>	10. UNDER 1 YEAR Months <u>6</u> Days <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Tuscalusa, Ala.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Jim Farmer</u>	13b. MOTHER'S MAIDEN NAME <u>Sylvia Beal</u>	14. NAME OF HUSBAND OR WIFE <u>Avery Farmer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Avery Farmer, R.2, Charleston, Mo.</u>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>approx 6 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bi-lateral Lobar Pneumonia</u>		
	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 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"/>
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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) <u>Charleston, Mo.</u>
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 Jan. 3, 1955, to Jan. 9, 1955, that I last saw the deceased alive on Jan. 9, 1955, and that death occurred at 10:55A.m., from the causes and on the date stated above.

23a. SIGNATURE <u>James L. Sample, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Charleston, Mo.</u>	23c. DATE SIGNED <u>1/10/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 13, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-13-55</u>	REGISTRAR'S SIGNATURE <u>Jean Heames</u>	480	25. FUNERAL DIRECTOR'S SIGNATURE <u>F. J. Sparks</u>	ADDRESS <u>Charleston, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 24 REC

RECEIVED
Miss. Co. Health Dept
County File No. _____
Date Filed FEB 26 1955

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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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.