

FILED JUN 3 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15811**

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5578 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>JOPLIN Twp.</u>		c. LENGTH OF STAY (in this place) <u>4 YRS</u>	c. CITY OR TOWN <u>JOPLIN</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOPLIN RFD #1</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>LAURA</u> c. (Last) <u>FARMER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 22 1955</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>APR 8, 1871</u>
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BRIGHTON, MO</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DOMESTIC</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>A.C. WALTERS</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA BROWN</u>	14. NAME OF HUSBAND OR WIFE <u>JOHN W. FARMER (DECEASED)</u>
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 ADDRESS <u>MRS. R. L. ACKERSON JOPLIN, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolus</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 hours</u> ANTECEDENT CAUSES <u>Generalized Arteriosclerosis with</u> DUE TO (b) <u>Arteriosclerotic gangrene</u> <u>Years</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> <u>left foot</u> DUE TO (c) <u>Arteriosclerotic Heart Disease,</u> <u>Years</u> II. OTHER SIGNIFICANT CONDITIONS <u>decompensated with Auricular fibrillation</u> <u>and Hypertension.</u> <u>40200</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Other conditions- Pneumonitis, hypostatic--2 weeks</u>	
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>March</u> , 19 <u>53</u> , to <u>May 22</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>May 22</u> , 19 <u>55</u> , and that death occurred at <u>3:20 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Madeline Switzer M.D.</u>		23b. ADDRESS <u>505 Frisco Bldg.-Joplin, Mo.</u>	23c. DATE SIGNED <u>5-23-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 25 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OSZEK MEM PARK</u>	24d. LOCATION (City, town, or county) (State) <u>JOPLIN MO</u>
DATE REC'D BY LOCAL REG. <u>5-24-55</u>	REGISTRAR'S SIGNATURE <u>Mr. Madeline Switzer</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HURL BOT-GLOVER JOPLIN</u>	

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

Date Paid MAY 5 1958

FEB 18 1958

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..... *Rob. Gl...*

Licensed Embalmer No. 45

P. O. Address Joplin

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.