

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25276

State File No.

FILED SEP 14 1955

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>4092</u>		Registrar's No. <u>71</u>	
1. PLACE OF DEATH a. COUNTY Bollinger				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Bollinger			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lutesville,		c. LENGTH OF STAY (in this place) his life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lutesville,		<u>2090</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) A c. (Last) Farmer			4. DATE OF DEATH (Month) (Day) (Year) Sept 9 1955				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Apr, 28th 1885	
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years) (Month) (Day) (Hour) (Min) 4 11 10.30	
11. BIRTHPLACE (State or foreign country) Bollinger Co			12. CITIZEN OF WHAT COUNTRY? U S				
13a. FATHER'S NAME John R Farmer			13b. MOTHER'S MAIDEN NAME Olds,		14. NAME OF HUSBAND OR WIFE Luvana Farmer,		
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 Steve Farmer ADDRESS Lutesville.			
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) Hypertatic pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac decompensation DUE TO (c) Hypertensive cardiovascular disease II. OTHER SIGNIFICANT CONDITIONS - 3 Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 2 days year
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		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 Sept 15, 1955 to Sept 7, 1955 , that I last saw the deceased alive on Sept 7, 1955 , and that death occurred at 10:00 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John P. Meyer, M.D.				23b. ADDRESS Lutesville, Mo		23c. DATE SIGNED 9-16-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-11-55		24c. NAME OF CEMETERY OR CREMATORY Baker Cemetery		24d. LOCATION (City, town, or county) (State) Near Lutesville, Mo	
DATE REC'D BY LOCAL REG. Sept 12 1955		REGISTRAR'S SIGNATURE Nellie Gaudinburg 2577		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Baker Funeral Home, Lutesville,			

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
Student Embalmer

Signed *J. E. Grubbs*

Licensed Embalmer No. *4010*

P. O. Address *Stitesville*

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.