

FILED OCT 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30447**

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **237**

1. PLACE OF DEATH a. COUNTY Randolph, Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph Mo.	
b. CITY (If outside corporate limits, with RURAL and give township) Moberly		c. LENGTH OF STAY (In this place) 1 year	
c. CITY OR TOWN Moberly		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Whitaker Hospital		e. STREET ADDRESS (If rural, give location) 0000	
3. NAME OF DECEASED (Type or Print) a. (First) Agusta B. Farmer		b. (Middle)	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Sept 25 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Aug 22 1897
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home making	
10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Ill.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Ed Talbot	
13b. MOTHER'S MAIDEN NAME Emma Brewster Edgar Farmer		14. NAME OF HUSBAND OR WIFE Delbert Farmer Atlanta Mo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Delbert Farmer		ADDRESS Atlanta Mo	
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) Cerebral arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 334X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 3-9, 1954, to 9-25, 1955 , that I last saw the deceased alive on 9-25, 1955 , and that death occurred at 11 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Gladys meals		23b. ADDRESS D.O. Whitaker Hospital	
23c. DATE SIGNED 9-27-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Funeral		24b. DATE Sept 27-55	
24c. NAME OF CEMETERY OR CREMATORY Mt. Labor		24d. LOCATION (City, town, or county) (State) Near Atlanta, Mo.	
DATE REC'D BY LOCAL REG. 9-27-55		REGISTRAR'S SIGNATURE Cal H. Lowe	
25. FUNERAL DIRECTOR'S SIGNATURE H. Woodbury		ADDRESS Atlanta Mo	

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

OCT 11 1954

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 *H.M. Goodding*

Licensed Embalmer No. 17.

P. O. Address *Atlanta*

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.