

Health,
, & Welfare
S. Public
th Service

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

FILED DEC 17 1957

STANDARD CERTIFICATE OF DEATH

47084
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 204

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Nevada</u>		c. CITY OR TOWN <u>Jerico Springs</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>State Hospital #3, Nevada, Mo</u>		d. STREET ADDRESS (If outside, give location) <u>unknown</u>	
3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u>-</u> Last <u>Farmer</u>		4. DATE OF DEATH Month <u>Dec</u> Day <u>10</u> Year <u>1957</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Apr 11, 1865</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	9. AGE (In years last birthday) <u>92</u>
11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Anderson Farmer</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Catherine Haslow</u>	
13c. NAME OF HUSBAND OR WIFE <u>Emma Warren</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) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Hospital records - Nevada, Mo</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Atherosclerotic Heart Disease</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Sen - Arteriosclerosis</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Psychosis - 4200</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>March 1, 1956</u> to <u>Dec 10, 1957</u> and last saw him alive on <u>Dec 10, 1957</u> Death occurred at <u>2:30 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W.C. Bradley M.D.</u> (Degree or title)		22b. ADDRESS <u>State Hospital #3, Nevada, Mo</u>	
22c. DATE SIGNED <u>12-10-57</u>			
23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <u>Burial</u>		23b. DATE <u>12-12-1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Cedarville Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Cedar County, Mo.</u>	
24. FUNERAL DIRECTOR <u>Cantlon Funeral Home, Stockton,</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>12-12-57</u>	
26. REGISTRAR'S SIGNATURE <u>Arma J. Ferry</u>			

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 *John A. Cantlan*

Licensed Embalmer No. *4387*

P. O. Address. *St. Albans, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.