

UNIVERSITY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 22 1959

59 0 4 5 0 6 8

STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. \_\_\_\_\_ Registrar's No. 77

ENDED

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Unionville</u>		Length of stay in 1b <u>5 Years</u>	c. CITY OR TOWN <u>Unionville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>North 22nd Street</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>North 22nd Street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Dale</u> Middle <u>Lester</u> Last <u>Farnsworth</u>			4. DATE OF DEATH Month <u>December</u> Day <u>15</u> Year <u>1959</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>May 19, 1907</u>	9. AGE (last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>26</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Air Force Sgt.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Air Force</u>	11. BIRTHPLACE (City and state or country) <u>Sewal, Iowa</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Willard Farnsworth</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Ann Rowan</u>		14. NAME OF HUSBAND OR WIFE <u>Don't Know</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War II</u>		16. SOCIAL SECURITY NO. <u>489-40-7057</u>	17. INFORMANT <u>M. F. Robinson Unionville, Mo.</u> Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
IMMEDIATE CAUSE (a) <u>Cerebral aneurysm</u>	DUE TO (b) <u>Chronic Alcoholism (wine)</u>	
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year
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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 <u>Unionville, Missouri</u>	COUNTY <u>Putnam</u>	STATE <u>Missouri</u>
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21. I attended the deceased from Dec 13-59 to Dec 15-59 and last saw him alive on Dec 15-59  
Death occurred at 4:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Chas. F. J. Da...</u> (Degree or title)	22b. ADDRESS <u>Unionville, Missouri</u>	22c. DATE SIGNED <u>12/16/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/16/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Powersville Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Powersville, Missouri</u>
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24. FUNERAL DIRECTOR <u>Comstock Funeral Home</u> BY <u>John W. Comstock</u>	ADDRESS <u>Unionville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-15-59</u>	26. REGISTRAR'S SIGNATURE <u>Marshall Durbin</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 25 1960

JAN 19 1960

**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 N. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville, Me

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.