JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-010391

FILED VS MAR 28 1960 93

Registration District No. 93 Primary Registration District No. _____ Registrar's No. 60-22 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY: Dade
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Sac TWP — Length of stay in 1b: years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 8mi N.E.Greenfield Mo — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Dade
c. CITY OR TOWN: Greenfield Mo — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 8mi N.E. — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Anna — Middle: Mae — Last: Farmer
4. DATE OF DEATH: Month: March — Day: 16 — Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Feb 7 1890
9. AGE (last birthday): 70 — IF UNDER 1 YEAR: Months: 1 Days: 11 — IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Dade Co Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John A Woody
13b. MOTHER'S MAIDEN NAME: Mollie Woody
14. NAME OF HUSBAND OR WIFE: Howard Farmer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 486-40-7731B
17. INFORMANT: Howard Farmer — Address: Greenfield Mo rtl

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Terminal Carcinoma of Liver
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1958 March 14, 1960 and last saw her alive on March 14, 1960
Death occurred at 12:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: M. Klauer Schlup M.D. (Degree or title)
22b. ADDRESS: Greenfield Mo
22c. DATE SIGNED: 3-18-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: March 18 1960
23c. NAME OF CEMETERY OR CREMATORY: Greenfield
23d. LOCATION (City, town, or county) (State): Greenfiled Mo
24. FUNERAL DIRECTOR — ADDRESS: Allison Funeral Home Greenfield Mo.
25. DATE RECD. BY LOCAL REG.: 3/22/1960
26. REGISTRAR'S SIGNATURE: J. C. Canada

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed W. R. Allison

Signature of Student Embalmer

Licensed Embalmer No. 440

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.