MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-030142
STATE FILE NUMBER

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 71

AMENDED

FILED SEP 5 1961

1. PLACE OF DEATH
a. COUNTY Moniteau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN California, Mo Walker — Length of stay in 1b: 21 Months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home- White Street. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Moniteau
c. CITY OR TOWN California, Mo — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) White Street — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Thomas Middle: Ambrose Last: Farnen
4. DATE OF DEATH Month: Sept Day: 2 Year: 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12/27/92
9. AGE (last birthday) 68
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (City and state or country) Montgomery City, Mo U.S.A.
12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME Lawrance Farnen
13b. MOTHER'S MAIDEN NAME Mary Mack
14. NAME OF HUSBAND OR WIFE Martha Farnen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War One
17. INFORMANT Mrs Martha Farnen Address Calif. Mo

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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) generalized Arteriosclerosis — 2 years
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. ☐ 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 dead when, to first seen and last saw her/him alive on
Death occurred at Around 12/30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Kenyon Latham M.D. Coroner (Degree or title)
22b. ADDRESS California Mo
22c. DATE SIGNED 9-3-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9/5/61
23c. NAME OF CEMETERY OR CREMATORY St. Patriks Cemetery
23d. LOCATION (City, town, or county) (State) Jonesburg, Mo

24. FUNERAL DIRECTOR Bowlin Funeral Home-California, Mo ADDRESS
25. DATE RECD. BY LOCAL REG. 9-3-61
26. REGISTRAR'S SIGNATURE Helen L. Pepejoy

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

SEP 13 1961

SEP 7 1961

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 John R Bowlin, Student Embalmer No. 614 working under my personal supervision.

Student John R. Bowlin
Signature of Student Embalmer

Signed Earl Bowlin

Licensed Embalmer No. 2126

P. O. Address Calipatria

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.