

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040749

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 248 Primary Registration District No. 0842 Registrar's No. 157

FILED NOV 7 1963	
1. PLACE OF DEATH	
a. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Seneca Length of stay in 1b	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE Missouri b. COUNTY Newton	
c. CITY OR TOWN Neosho Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. STREET ADDRESS Route 2 (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last	
ELIZABETH INEZ FARMER	
4. DATE OF DEATH Month Day Year	
November 1, 1963	
5. SEX	6. COLOR OR RACE
Female	White
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
	6-2-62
9. AGE (last birthday)	IF UNDER 1 YEAR
1 year	Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY
	Seneca, Missouri
11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
Seneca, Missouri	USA
13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME
Clyde Farmer, Jr.	Sandra Goswick
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates)	17. INFORMANT Address
	Clyde Farmer, Jr. Neosho, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Broken Neck	
DUE TO (b) Car Accident	
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 SUICIDE HOMICIDE
	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
Run over by a car	
20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year	
11 11 1 63	
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, street, office bldg., etc.)
	Farm
20f. CITY, TOWN, OR LOCATION COUNTY STATE	
Rural Newton Missouri	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____	
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title)	
<i>Dr. M. S. Mendenhall</i>	
22b. ADDRESS	
Seneca, Missouri	
22c. DATE SIGNED	
11-1-63	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE
Burial	11-3-63
23c. NAME OF CEMETERY OR CREMATORY	
Burkhart Cemetery	
23d. LOCATION (City, town, or county) (State)	
Racine Missouri	
24. FUNERAL DIRECTOR ADDRESS	
Don R. Housh Seneca, Missouri	
25. DATE RECD. BY LOCAL REG.	
11-4-1963	
26. REGISTRAR'S SIGNATURE	
<i>Mrs. Irene Russell</i>	

VS 300 Rev. 4/59

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12 92-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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

Don R. Housh

Licensed Embalmer No. 5113

P. O. Address Seneca, 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.