

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 187

Primary Registration District No. 3023

Registrar's No. 0019382

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MRF FILED 30-64

1. PLACE OF DEATH a. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		Length of stay in lb <u>2 weeks</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Johnson</u>	
c. FULL NAME OF DECEASED (If in hospital, give location) HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>R. F. D. #2</u>	
e. NAME OF DECEASED (Type or print) First <u>TANDY</u> Middle <u>ROBERT</u> Last <u>FARNSWORTH</u>		4. DATE OF DEATH Month <u>March</u> Day <u>21</u> Year <u>1964</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/9/1916</u>	9. AGE (last birthday) <u>47</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>7</u> Hours <u>0</u> Min. <u>0</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 <u>own farm</u>		11. BIRTHPLACE (City and state or country) <u>Holden, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Ben Harrison Farnsworth</u>		13b. MOTHER'S MAIDEN NAME <u>Jimmie Hunt</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>xxxx</u>		16. SOCIAL SECURITY NO. <u>490-42-7919</u>	
17. INFORMANT <u>Fay Farnsworth, Holden, Mo.</u>		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>Semenoma Testicles (Bi-lateral)</u> with <u>Metastasis to left Lung</u> DUE TO (b) <u>Metastasis to left Lung</u> DUE TO (c) <u>Metastasis to left Lung</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u> <u>6 week</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u>11:15 A</u> a.m. <u>4</u> p.m. <u>0</u>		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>Holden, Mo.</u>		COUNTY <u>Johnson</u>		STATE <u>Mo.</u>	
21. I attended the deceased from <u>12-8-1963</u> to <u>March 21-64</u> and last saw him alive on <u>March 20-1964</u> Death occurred at <u>11:15 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>James M. Halmburg D.O.</u>		22b. ADDRESS <u>Holden, Mo.</u>	
22c. DATE SIGNED <u>3-22-64</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3/23/64</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Farnsworth Cemetery</u>		23d. LOCATION (City, town, or county) <u>R. F. D. Holden, Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>Canaday & Ropp, Holden, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Mar. 23, 1964</u>		26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>	

APR 22 1964
MAR 31 1964

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

M. J. Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, 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.