MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0015436
STATE FILE NUMBER

Registration District No. _137_ Primary Registration District No. _3023_ Registrar's No. _127_

FILED MAY 9 1966

DO NOT WRITE ON THIS STUB	AMENDED	
VS 300 Rev. 4/59	DATE AMENDED	
1 0425		
2 0510		
3		
4 1		
5 0		
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7 0		
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9 491X		
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12 1-0		
13 1-0		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY OR TOWN (If outside corporate limits give TOWNSHIP only): Clinton
Length of stay in 1b: 1 Day
c. HOSPITAL OR INSTITUTION (If NOT in hospital, give location): General Hospital   Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Johnson
c. CITY OR TOWN: Latour   Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location):   Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)
First: Goldena Middle: C. Last: Farnsworth

4. DATE OF DEATH Month: May Day: 1 Year: 1966

5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1/4/1888
9. AGE (last birthday): 78
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): Ret School Teacher
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (City and state or country): Johnson Co, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: I. G. Farnsworth
13b. MOTHER'S MAIDEN NAME: Frances E. Davis
14. NAME OF HUSBAND OR WIFE: Never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No
16. SOCIAL SECURITY NO.: Not Available
17. INFORMANT: Mr. Farnsworth - St. Joseph, 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): Bronchial pneumonia   INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
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 _1965_, to _5-1-66_ and last saw her alive on _5-1-66_
Death occurred at _9:15 P_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Hugh B. Walker, MD
22b. ADDRESS: Clinton, Mo
22c. DATE SIGNED: 5-9-66

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 4, 1966
23c. NAME OF CEMETERY OR CREMATORY: Holden Cemetery
23d. LOCATION (City, town, or county): Holden Mo (State)

24. FUNERAL DIRECTOR / ADDRESS: Canody & Ropp - Holden, Mo
25. DATE RECD. BY LOCAL REG.: May 2 1966
26. REGISTRAR'S SIGNATURE: Mildred Bigman

(Licensed Embalmer's Statement on Reverse Side)

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_____   Signed____ *Eugene Wood* _____
<div align="center">Signature of Student Embalmer</div>

Licensed Embalmer No._*3804*____

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.