

pt. Health,
... & Welfare
S. Public
Health Service

FILED DEC 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40087
STATE FILE NUMBER
Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 660

ev. 1-57

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE mo b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		c. CITY OR TOWN Clinton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 210 E BOONE		d. STREET ADDRESS (If outside, give location) 210 E Boone	

3. NAME OF DECEASED (Type or print) First ADDIE Middle JAKE Last FARHNER			4. DATE OF DEATH Month DEC Day 2 Year 1957		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4/7/1885	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) JANITOR	10b. KIND OF BUSINESS OR INDUSTRY COURT HOUSE	11. BIRTH PLACE (City and state or country) DEEPWATER MO	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JAKE FARHNER	13b. MOTHER'S MAIDEN NAME SARAH BELLE BRIDGES	14. NAME OF HUSBAND OR WIFE VERTIE FARHNER
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 495-072-9691	17. INFORMANT Mrs A J Farhner Clinton Mo	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Mycocarditis		10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	Influenza pneumonia	14 days
	DUE TO (c)	Orbital - embolism	20 yrs -
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour 4:30 Month, Day, Year 11-3-57	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Clinton	COUNTY Henry STATE MO
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21. I attended the deceased from 11-3-57 to 12-2-57 and last saw him alive on 12-2-57 Death occurred at 2:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W D Bradshaw, M.D.	22b. ADDRESS 114 W. Jefferson, Clinton, Mo	22c. DATE SIGNED 12-3-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) 1957	23b. DATE 12/4/1957	23c. NAME OF CEMETERY OR CREMATORY ENGLE WOOD	23d. LOCATION (City, town, or county) (State) Clinton Mo
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24. FUNERAL DIRECTOR J E Conrader	ADDRESS Clinton Mo	25. DATE RECD. BY LOCAL REG. 12-4-57	26. REGISTRAR'S SIGNATURE Mildred Bigman
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAR 31 1958

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 *J. E. Consalvo*

Licensed Embalmer No. *1891*

P. O. Address. *Clinton*

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.