

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

68 0001732

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 1344

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JAN 22 1968**

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 Windsor		Length of stay in 1b 3 months	c. CITY OR TOWN Windsor
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 202 E. Colorado St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Earl Edward Farmer			4. DATE OF DEATH Month Day Year January 11, 1968
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-23-1898
9. AGE (last birthday) 69		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) Rt. Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Henry co., Mo.
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Joseph B. Farmer	
13b. MOTHER'S MAIDEN NAME Mary A. Eakens		14. NAME OF HUSBAND OR WIFE Ella Gere	
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. 495-01-4586	17. INFORMANT Address Mrs. Ella Farmer Windsor, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), or (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Cardio-Respiratory Collapse</i> <i>Severe Anemia and Cachexia</i> <i>Carcinoma of Naso-pharynx</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUPLICATE TO (b) DUPLICATE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <i>14 mos.</i> <i>6 mos.</i> <i>11 mos.</i>
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 checked="" 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 Month, Day, Year a.m. p.m.		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 COUNTY STATE	
21. I attended the deceased from <i>2-11-63</i> to <i>1-11-68</i> and last saw him alive on <i>1-11-68</i> Death occurred at <i>7:15 A. M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Charles M. Thurber, M.D.</i> (Degree or title)		22b. ADDRESS <i>Windsor</i>	22c. DATE SIGNED <i>1-12-68</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>1-13-1968</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Laurel Oak Cemetery</i>	23d. LOCATION (City, town, or county) <i>Windsor, Mo.</i> (State)
24. FUNERAL DIRECTOR <i>Clifford Gouge Windsor, Mo.</i> ADDRESS		25. DATE RECD. BY LOCAL REG. <i>1-16-68</i>	26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>

DATE AMENDED: 0421, 0421, 0421

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

VS 300 Rev. 4/59

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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

*Clifford Gouge*

Licensed Embalmer No. 5014

P. O. Address Windsor, Ma

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.