

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31254**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 293

940  
2

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>BOLLINGER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FARMINGTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL FARMERS TWP.</u>	
c. LENGTH OF STAY (in this place) <u>Days 8 Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>NEAR GLEN ALLEN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STATE HOSP. #4</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>PAUL</u> b. (Middle) <u>ALEX</u> c. (Last) <u>FARMER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 28, 1951</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>2-27-1908</u>		9. AGE (In years last birthday) <u>43</u>		10. UNDER 1 YEAR Months <u>6</u> Days <u>1</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>BOLLINGER Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>MARION FARMER</u>		13b. MOTHER'S MAIDEN NAME <u>TENNESSEE COOPER</u>	
14. NAME OF HUSBAND OR WIFE (Name) <u>WILDA FARMER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT'S SIGNATURE OR NAME <u>WILDA FARMER</u>		17. ADDRESS <u>GLEN ALLEN, MO.</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Paresis</u>							
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>025X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from Dec. 27, 1947 to Aug. 28, 1951, that I last saw the deceased alive on Aug. 28, 1951, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John A. Brimmer M.D.</u>		23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>		23c. DATE SIGNED <u>8-29-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-30-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MC GEE CHAPEL CEM</u>	
24d. LOCATION (City, town, or county) (State) <u>BOLLINGER Co., Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>BAKER FUNERAL HOME</u>		24f. ADDRESS <u>LUTESVILLE, MO.</u>	

DATE REC'D BY LOCAL REG. Sept. 8, 1951 REGISTRAR'S SIGNATURE Eather Rudloff

File No.  
DISTRICT HEALTH OFFICE No. 4

SEP 17 1951

RECEIVED

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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 \_\_\_\_\_  
Student Embalmer

Signed J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutsville, 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 this body is not embalmed, fact should be so stated above.