

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012290  
STATE FILE NUMBER

FILED MAY 4 1959 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 189

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		c. CITY OR TOWN Eldon	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 811 N. 8th St.		d. STREET ADDRESS (If outside, give location) Route 3	
3. NAME OF DECEASED (Type or print) First Middle Last HERMAN LORAN FARMER			4. DATE OF DEATH Month Day Year April 24, 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 21, 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Laborer	11. BIRTHPLACE (City and state or country) Camdenton County Mo.
13a. FATHER'S NAME (Unknown) Farmer		13b. MOTHER'S MAIDEN NAME Anna Worthington	14. NAME OF HUSBAND OR WIFE Floy Jackson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. 541-22-1519	17. INFORMANT Mrs. Grace Farmer, Eldon, Missouri.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute alcoholism</i>			INTERVAL BETWEEN ONSET AND DEATH <i>hours</i>
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) <i>Hypertension - Chronic Asthma 3220</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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>Copner's Case</i> per alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Vincent P Perma M.D.</i> (Degree or title)		22b. ADDRESS <i>Univ. of Mo. Residency</i>	22c. DATE SIGNED <i>25 Apr 59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-25-1959	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or country) (State) Eldon, Missouri.
24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo.		25. DATE RECD. BY LOCAL REG. April 25, 1959	26. REGISTRAR'S SIGNATURE <i>Mrs R E Palmer</i>

300  
1-57

3

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.  
MEDICAL CERTIFICATION  
All diseases in Part I must be causally related.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No synonyms will be used.

6201 3 11hr

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 *George A. Keeby* .....

Licensed Embalmer No. *4752* .....  
P. O. Address *Columbia* .....

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.