

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020620
STATE FILE NUMBER

FILED JUL 7 1959 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 230

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		c. CITY OR TOWN Cape Girardeau	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1735 Luce St.		d. STREET ADDRESS 1735 Luce St.	
3. NAME OF DECEASED (Type or print) Jerry Cullum		4. DATE OF DEATH June 18, 1959	
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 Aug. 15, 1892	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Co-Owner of Farmer's Cafe		10b. KIND OF BUSINESS OR INDUSTRY Farmer	
11. BIRTHPLACE (City and state or country) Adams, Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Robert Farmer		13b. MOTHER'S MAIDEN NAME Margaret Reinhart	
14. NAME OF HUSBAND OR WIFE Ada Baker Farmer		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. 486-38-0231		17. INFORMANT Mrs. Ada Farmer-Cape Girardeau, 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) <u>lethal accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Generalized Arterio-Sclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331x			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>2 years</u>
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.) 331x	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. 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 <u>Jan 18 '59</u> to <u>June 18, 1959</u> and last saw him alive on <u>6. 17. 59</u> Death occurred at <u>12:15 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>H.V. Wiley</u> <u>son</u>	
22b. ADDRESS <u>234 N Sprigg Cape Girardeau Mo</u>		22c. DATE SIGNED <u>6-19-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6/20/1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		23d. LOCATION (City, town, or country) <u>Cape Girardeau, Mo.</u>	
24. FUNERAL DIRECTOR <u>L. I. Haman-Cape Girardeau, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-30-1959</u>	
26. REGISTRAR'S SIGNATURE <u>Gwen Katten</u>			

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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

1951 2 20 PM

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 *Howard L. Haman*

Licensed Embalmer No. *4123*

P. O. Address *Cape Girardeau*

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.