S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27585

FILED SEP 6 - 1952

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5358 Registrar's No. 63

#2310

1. PLACE OF DEATH
a. COUNTY: Daviess
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Cokfax
c. LENGTH OF STAY (In this place): 2½ yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7 Miles North of Cameron.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Daviess
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Cokfax 0310
d. STREET ADDRESS (If rural, give location): 7 Miles North of Cameron.

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Leo
c. (Last): Farnan.

4. DATE OF DEATH (Month) (Day) (Year): Aug 28 52

5. SEX: M
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Dec 31 - 1949.
9. AGE (In years last birthday): 2 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None.
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: Leo Farnan.
13b. MOTHER'S MAIDEN NAME: Mary Willis.
14. NAME OF HUSBAND OR WIFE: None.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Leo Farnan — **ADDRESS**: Cameron Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Subependymal glioma — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

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
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1951, 19___, *to* Aug 28, 1952, *that I last saw the deceased alive on* 8-11, 1952, *and that death occurred at* 3:06 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. D. Lewis (Degree or title) MD.
23b. ADDRESS: Cameron Mo
23c. DATE SIGNED: 8-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-29-52
24c. NAME OF CEMETERY OR CREMATORY: St Columbro
24d. LOCATION (City, town, or county) (State): Conception Mo

DATE REC'D BY LOCAL REG.: 9-4-52
REGISTRAR'S SIGNATURE: Virginia M Engelhart
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Roland Funeral Home Cameron

(Licensed Embalmer's Statement on Reverse Side)

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

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 Robert F. Roland

Licensed Embalmer No. 4777

P. O. Address [illegible]

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.