

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006464

STATE FILE NUMBER

FILED MAR 4 1959

Registration District No. 236

Primary Registration District No. 5818

Registrar's No. 7

1. PLACE OF DEATH a. COUNTY MORGAN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MORGAN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Eldon MOREAU TWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Eldon
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.F.D. 1		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) R.F.D. 1
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last IVAN HAROLD FARMER			4. DATE OF DEATH Month Day Year FEB. 27, 1959		
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 18, 1910	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months Days 48
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) CAMDEN Co., MD.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME HERMAN L. FARMER	13b. MOTHER'S MAIDEN NAME FLOY JACKSON	14. NAME OF HUSBAND OR WIFE GRACE A. FARMER
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. 500-10-8835	17. INFORMANT MRS. GRACE FARMER - Eldon, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Immediately
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)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 **July, 1958**, to **2/27/59** and last saw ^{him} ~~her~~ alive on **2/27/59**
Death occurred at **5:15 P.M. 2/27/59** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Dr. E. Murrell, D.O.	(Degree or title)	22b. ADDRESS Eldon, Mo.	22c. DATE SIGNED 2/28/59
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23a. BURIAL, CREMATION, REMOVALS (Specify) BURIAL	23b. DATE MAR. 3, 1959	23c. NAME OF CEMETERY OR CREMATORY Eldon	23d. LOCATION (City, town, or county) (State) Eldon, Mo.
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24. FUNERAL DIRECTOR Louis P. Shelling	ADDRESS Eldon	25. DATE RECD. BY LOCAL REG. 2-28-59	26. REGISTRAR'S SIGNATURE J. L. Wash
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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JUN 24 1959

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 *Louis D. Phillips*

Licensed Embalmer No. *3663*
P. O. Address *Laurel*

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.