

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020392

STATE FILE NUMBER

FILED JUN 29 1959 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 279

1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Boone</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>COLUMBIA</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Boone County</u>			Length of stay in 1b <u>5 Days</u>		d. STREET ADDRESS <u>221 EAST WORLES</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <u>John</u> First <u>FORREST</u> Middle <u>MARDNER</u> Last				4. DATE OF DEATH Month <u>6</u> Day <u>26</u> Year <u>1959</u>					
5. SEX <u>MALE = NEGRO</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>1-12-1892</u>		9. AGE (In years last birthday) <u>67</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHUFFER</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>United States</u>	
13. FATHER'S NAME <u>John Harwood</u>				14. MOTHER'S MAIDEN NAME <u>MILLE HARWOOD Gardner</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>490-07-3596</u>		17. INFORMANT Address <u>221 EAST WORLES</u>				
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>Generalized carcinoma, original site undetermined</u> 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)								INTERVAL BETWEEN ONSET AND DEATH <u>unknown</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.) <u>1992</u>						
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 <u>24 June 59</u> to <u>26 June 59</u> and last saw him alive on <u>26 June 59</u> Death occurred at <u>8 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>RP Adersson MD</u> (Degree or title)				22b. ADDRESS <u>Columbia, Mo.</u>				22c. DATE SIGNED <u>27 June 59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>June 29 59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		23d. LOCATION (City, town, or county) (State) <u>Columbia Mo</u>			
24. FUNERAL DIRECTOR <u>Ormond Fannon</u> ADDRESS <u>Columbia</u>				25. DATE RECD. BY LOCAL REG. <u>June 28 1959</u>		26. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>			

(Licensed Embalmer's Statement on Reverse Side)

Director, Health, & Welfare
S. Public Health Service

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Form prepared in accordance with Missouri Statute 193.140, Missouri Revised Statutes 1949.

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JUL 30 1959

MS JUL 24 1959

MAR 21 1960

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 _____
Licensed Embalmer No. 42
P. O. Address New York

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.