

FILED OCT 5 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32508

State File No.

BIRTH NO. REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 188

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville	c. LENGTH OF STAY (in this place) 2 months	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville	
d. FULL NAME OF HOSPITAL OR INSTITUTION 118 E. Edwards		d. STREET ADDRESS (If rural, give location) 118 E. Edwards	

3. NAME OF DECEASED (Type or Print) Lulu Catherine Farris	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH Oct. 1, 1953
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH December 29, 1874	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Buchanan County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Isaac Clark	13b. MOTHER'S MAIDEN NAME Jerusha Cave	14. NAME OF HUSBAND OR WIFE Ira Lee
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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. -----	17. INFORMANT'S SIGNATURE OR NAME Mrs. Orpha Corken, 118 E. Edwards, Maryville, Mo	ADDRESS -----
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Osteomyelitis, both wrists, left foot and ankle		
	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 6/13/53 6/23/53	19b. MAJOR FINDINGS OF OPERATION Osteomyelitis of metatarsals, left	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/13, 1953, to 9/19, 1953, that I last saw the deceased alive on 9/19, 1953, and that death occurred at 1:25a. m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) John R. McDaniel, M.D.	23b. ADDRESS 902 Samuel St., St. Joseph, Mo	23c. DATE SIGNED 10-1-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10/3/1953	24c. NAME OF CEMETERY OR CREMATORY Union Chapel Cemetery	24d. LOCATION (City, town, or county) (State) Andrew County, Missouri
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DATE REC'D BY LOCAL REG. 10-3-53	REGISTRAR'S SIGNATURE Gess Holt 229	25. FUNERAL DIRECTOR'S SIGNATURE Heaton - Bowman Funeral Home - St. Joseph Mo	ADDRESS -----
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(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. 493

working under my personal supervision.

Student Richard D. Collins
Student Embalmer

Signed _____

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St. Joseph

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.