

FILED NOV 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34641

State File No. ....

|   |  |  |                  |   |  |  |  |
|---|--|--|------------------|---|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>274</u>  |                  | PRIMARY REG. DIST. NO. <u>3052</u>  |  | Registrar's No. <u>365</u>   |  |
| 1. PLACE OF DEATH   |  |  |                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).                                |  |  |  |
| a. COUNTY<br><u>Pettis</u>  |  | b. CITY (If outside corporate limits, write RURAL and give town or township)<br><u>Sedalia</u> |                  | a. STATE<br><u>Missouri</u>   |  | b. COUNTY<br><u>Pettis</u>   |  |
| c. LENGTH OF STAY (In this place)<br>/  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Sedalia</u>         |                  | d. STREET ADDRESS<br><u>400 East Second</u>   |  | e. (If rural, give location)<br><u>400 East Second</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>400 East Second</u>   |  |  |                  | d. STREET ADDRESS<br><u>400 East Second</u>   |  |  |  |
| 3. NAME OF DECEASED (Type or Print)   |  |  | 4. DATE OF DEATH |   |  | 5. SEX   |  |
| a. (First)<br><u>JEFFERSON</u>  |  | b. (Middle)  |                  | c. (Last)<br><u>FARRIS</u>  |  | 6. DATE OF DEATH (Month) (Day) (Year)<br><u>Oct. 31, 1949</u>  |  |
| 7. SEX<br><u>Male</u>   |  | 8. COLOR OR RACE<br><u>White</u>   |                  | 9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u>  |  | 10. DATE OF BIRTH<br><u>July 28, 1864</u>  |  |
| 11. AGE (In years last birthday)<br><u>85</u>   |  | 12. IF UNDER 1 YEAR<br>Months _____ Days _____   |                  | 13. IF UNDER 24 HRS.<br>Hours _____ Min. _____  |  | 14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Carpenter</u> |  |
| 15. KIND OF BUSINESS OR INDUSTRY<br><u>Building</u>   |  | 16. BIRTHPLACE (State or foreign country)<br><u>Miller County, Mo.</u>                         |                  | 17. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |  | 18. FATHER'S NAME<br><u>unknown</u>  |  |
| 19. MOTHER'S MAIDEN NAME<br><u>unknown</u>  |  | 20. NAME OF HUSBAND OR WIFE<br><u>Ellen Shadwick Farris</u>                                    |                  | 21. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> |  | 22. SOCIAL SECURITY NO.<br><u>none</u>   |  |
| 23. INFORMANT'S SIGNATURE OR NAME<br><u>Thurman Farris, Milwaukee, Wisc.</u>  |  |  |                  | 24. ADDRESS<br><u>Thurman Farris, Milwaukee, Wisc.</u>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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) <u>Myocarditis, Chronic</u>  |  |  |                  |   |  |  |  |
| ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |  |  |                  |   |  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                            |  |
| 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) (Minute)   |  |
| 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 <u>VIEWED</u> the deceased from <u>as Coroner</u> , that I last saw the deceased alive on <u>10</u> , and that death occurred at <u>1:20 P. m.</u> , from the causes and on the date stated above.  |  |  |                  |   |  |  |  |
| 23a. SIGNATURE (Degree or title)<br><u>Chas. Gordon Sauffcke, M.D., Coroner, Pettis Co. - Mo.</u>   |  |  |                  | 23b. ADDRESS<br><u>Pettis Co. - Mo.</u>   |  | 23c. DATE SIGNED<br><u>Nov 2-1949</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  | 24b. DATE<br><u>11/3/49</u>  |                  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Memorial Park</u>  |  | 24d. LOCATION (City, town, or county) (State)<br><u>Sedalia, Mo.</u>   |  |
| DATE REC'D BY LOCAL REG.<br><u>11-2/49</u>  |  | REGISTRAR'S SIGNATURE<br><u>Betty Yeager Deputy</u>  |                  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Walter Caring</u>  |  | ADDRESS<br><u>Sedalia, Mo.</u>   |  |

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

RECEIVED

NOV 7

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 11-9-49

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 Warren K. Dietz

Licensed Embalmer No. 4583

P. O. Address Sedalia, Mo

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.