0.300
0.48

FILED JAN 4 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40200

BIRTH NO. _____ REG. DIST. NO. 87 PRIMARY REG. DIST. NO. 4150 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY: Crawford
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Boone
c. LENGTH OF STAY (In this place): 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Crawford
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bourbon, Boone
d. STREET ADDRESS (If rural, give location): A 2 8 7

3. NAME OF DECEASED (Type or Print)
a. (First): HARRY
b. (Middle): WALTER
c. (Last): FARRIS

4. DATE OF DEATH (Month) (Day) (Year): Dec. 14, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 31, 1893
9. AGE (In years last birthday): 57 — If under 1 year: Months 10, Days 13 — If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Franklin Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Thomas J.
13b. MOTHER'S MAIDEN NAME: Anna C. Immekus
14. NAME OF HUSBAND OR WIFE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 496-14-9307
17. INFORMANT'S SIGNATURE OR NAME: Thos. J. Farris — ADDRESS: Bourbon 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): Truck Accident

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.

INTERVAL BETWEEN ONSET AND DEATH: 20 34 / 2 2

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.): Hwy. 66
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boone twp. Crawford Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12-14-50 5:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Truck ran off hwy. P DR

22. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE: Paul A. Franklin — (Degree or title): Cuba Coroner
23b. ADDRESS: Cuba Mo.
23c. DATE SIGNED: 12-18-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-16-1950
24c. NAME OF CEMETERY OR CREMATORY: Hill
24d. LOCATION (City, town, or county) (State): Bourbon Mo.

DATE REC'D BY LOCAL REG.: 12-18-50
REGISTRAR'S SIGNATURE: E. Long 75 0
25. FUNERAL DIRECTOR'S SIGNATURE: Elbert E. Long — ADDRESS: Bourbon Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DEC 26 1950
DISTRICT HEALTH OFFICE No. 4
File No. .....

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Elbert Ekonp

Signed.....
Student Embalmer

Licensed Embalmer No. 3504

P. O. Address Bourbon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.