

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11774

State File No.

BIRTH NO.		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>107</u>			
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Fulton</u>					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. LENGTH OF STAY (in this place) <u>19 mos</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		<u>0804</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>State Hosp #1</u>				d. STREET ADDRESS (If rural, give location) <u>/</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>WOODROW</u>			b. (Middle)		c. (Last) <u>FARRIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 9 1951</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>		8. DATE OF BIRTH <u>Aug 18 1913</u>		9. AGE (In years) (If under 1 year: Months) (If under 12 months: Days) (If under 12 hours: Hours) (If under 12 minutes: Min.) <u>37 7 20</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>			11. BIRTHPLACE (State or foreign country) <u>Sedalia Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Frank Farris</u>			13b. MOTHER'S MAIDEN NAME <u>Josephine Watson</u>			14. NAME OF HUSBAND OR WIFE <u>—</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>dk dk</u>			16. SOCIAL SECURITY NO. <u>dk</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>State Hosp Records Fulton</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis Pul.</u> 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. <u>Inanition</u>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>002 X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 <u>4-6</u> , 19 <u>51</u> , to <u>4-8</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4-8</u> , 19 <u>51</u> , and that death occurred at <u>4:35</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>J Caldwell M D</u>				23b. ADDRESS <u>State Hosp Fulton Mo</u>		23c. DATE SIGNED <u>4-9-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4/11/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BETHELEM</u>		24d. LOCATION (City, town, or county) (State) <u>CLINTON, MO.</u>			
DATE REC'D BY LOCAL REG. <u>April 14 1951</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		426		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Maugia Funeral Home, Fulton, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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File No. _____
DISTRICT HEALTH OFFICE No. 4

APR 10 1951

RECEIVED

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.....
Student Embalmer

Signed Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address. Fulton, 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.