

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17489
Registrar's No. 18

FILED JUN 7 1951

BIRTH NO. _____ REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 4387

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

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

3. NAME OF DECEASED (Type or Print) a. (First) FERN b. (Middle) — c. (Last) FARRIS			4. DATE OF DEATH (Month) (Day) (Year) 5-2-51		
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Aug 19, 1887	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Days 8 Hours 13 Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME John Hedford		13b. MOTHER'S MAIDEN NAME Martha Wood		14. NAME OF HUSBAND OR WIFE WILLIAM JASPER FARRIS			
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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) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Ben Keen ADDRESS Alton Mo.			
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal Cell Carcinoma						INTERVAL BETWEEN ONSET AND DEATH	
		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 _____		19b. MAJOR FINDINGS OF OPERATION _____						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) Alton Oregon Mo.	
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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? _____	
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22. I hereby certify that I attended the deceased from **5-5**, 19**50**, to **5-2**, 19**51**, that I last saw the deceased alive on **5-2**, 19**51**, and that death occurred at **9:00 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. W. M. Carhart (Degree or title) D.O.		23b. ADDRESS Alton, Mo.		23c. DATE SIGNED 5-22-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 6, 1951		24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery		24d. LOCATION (City, town, or county) (State) Alton Mo.	
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DATE REC'D BY LOCAL REG. May 25 51		REGISTRAR'S SIGNATURE Mrs. W. C. Johnson		25. FUNERAL DIRECTOR'S SIGNATURE John D. Clay ADDRESS Alton Mo.	
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RECEIVED

JUN 5 1951

DISTRICT HEALTH OFFICE No. G

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.....

Student Embalmer

Signed

John D. Gray

Licensed Embalmer No. *4475*

P. O. Address *Box 398, Atton 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.