

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **21065**

FILED JUL 11 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **301** PRIMARY REG. DIST. NO. **6032** Registrar's No. **221**

1. PLACE OF DEATH a. COUNTY <b>Ripley</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ripley</b>		
b. CITY OR TOWN <b>Doniphan Twp.</b>		c. LENGTH OF STAY (in this place) <b>7 years</b>	c. CITY OR TOWN <b>Rural - Doniphan Twp.</b>		0911
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1 1/2 mi. South - Doniphan</b>			d. STREET ADDRESS (If rural, give location) <b>1 1/2 mi. South - Doniphan</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Sarah</b> b. (Middle) <b>Agnes</b> c. (Last) <b>Farris</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 1, 1951</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 31, 1899</b>	9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR: Months <b>11</b> Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>House keeper</b>	11. BIRTHPLACE (State or foreign country) <b>Myrtle Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>James T. England</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy L. Hall</b>	14. NAME OF HUSBAND OR WIFE <b>Rufus L. Farris</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>R. L. Farris Doniphan, Mo.</b>			
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) <b>Coronary Heart Disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis and Hypertension</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
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? 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)		4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 <b>1946</b> to <b>7-1</b> , 1951, that I last saw the deceased alive on <b>7-1</b> , 1951, and that death occurred at <b>4:49 P.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>J. E. Hickman, M.D.</b> (Degree or title)		23b. ADDRESS <b>Doniphan</b>		23c. DATE SIGNED <b>7-3-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 4, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Grove</b>	24d. LOCATION (City, town, or county) (State) <b>Elm Store, Arkansas</b>		
DATE REC'D BY LOCAL REG. <b>7-4-51</b>	REGISTRAR'S SIGNATURE <b>E. B. Johnston</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ray Means</b>	ADDRESS <b>Doniphan, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUL 9 1951

DISTRICT HEALTH OFFICE No. 6

No. ....

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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 Ray Messer

Licensed Embalmer No. 3743

P. O. Address Doniphan, 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.