

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26569**

FILED SEP 7 1951

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 4193 Registrar's No. 26

1. PLACE OF DEATH
 a. COUNTY **Gasconade** 0371
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Hermann**
 c. LENGTH OF STAY (in this place) 15 min
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Workman Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Missouri**
 b. COUNTY **Gasconade**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Hermann** 0371
 d. STREET ADDRESS (If rural, give location) **214 E. Second** 0

3. NAME OF DECEASED
 a. (First) **STEVEN**
 b. (Middle) **ERIC**
 c. (Last) **FARRIS**
 4. DATE OF DEATH (Month) (Day) (Year) **Aug. 13, 1951**

5. SEX **Male** 0
 6. COLOR OR RACE **White**
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single** 0
 8. DATE OF BIRTH **Sept-25-1946**
 9. AGE (In years last birthday) **4**
 IF UNDER 1 YEAR: Months _____ Days _____
 IF UNDER 4 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (State or foreign country) **St. Louis, Mo** 0
 12. CITIZEN OF WHAT COUNTRY? **US**

13a. FATHER'S NAME **Kenneth Farris**
 13b. MOTHER'S MAIDEN NAME **Pansey Branson**
 14. NAME OF HUSBAND OR WIFE -----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**
 16. SOCIAL SECURITY NO. **None**
 17. INFORMANT'S SIGNATURE OR NAME **Kenneth Farris, Hermann, Mo** ADDRESS -----

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, asphyxia, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Fracture of skull, basal**
Fracture of mandible, rt. clavicle
 ANTECEDENT CAUSES **Multiple contusions and abrasions**
 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 **5 minutes**

19a. DATE OF OPERATION
 19b. MAJOR FINDINGS OF OPERATION
 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) **Accident**
 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Street**
 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Hermann Gasconade Mo**

21d. TIME (Month) (Day) (Year) (Hour) (Minute) **Aug. 13, 1951 5:15 PM**
 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 21f. HOW DID INJURY OCCUR? **Walked into path of car**

22. I hereby certify that I attended the deceased from **April 1948**, to **August 13, 1951**, that I last saw the deceased alive on **Feb 1, 1951**, and that death occurred at **5:20 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Cavel T. Shaw, M.D.**
 23b. ADDRESS **Hermann, Mo.**
 23c. DATE SIGNED **8-14-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**
 24b. DATE **8-16-51**
 24c. NAME OF CEMETERY OR CREMATORY **Owensville City Cem.**
 24d. LOCATION (City, town, or county) (State) **Owensville Mo**

DATE REC'D BY LOCAL REG. **8/14/51**
 REGISTRAR'S SIGNATURE **D. M. ...**
 25. FUNERAL DIRECTOR'S SIGNATURE **August Blumenthal** ADDRESS **Hermann, Mo**

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____

DISTRICT HEALTH OFFICE No. 4

SEP 4 - 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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....

Hugo St. Blumel

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.