

FILED NOV 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37275

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>1002</u>		REGISTRAR'S No. <u>4832</u>		
1. PLACE OF DEATH a. COUNTY Jackson			USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Chariton			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 11 Days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Keytesville		X 0210	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital			d. STREET ADDRESS (If rural, give location) X 1			
3. NAME OF DECEASED (Type or Print) Raymond		a. (First)	b. (Middle) LESLIE	c. (Last) Faris	4. DATE OF DEATH (Month) (Day) (Year) 11- 11- 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 2-13-1951	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months	IF UNDER 2 HRS Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer, Wabash Railroad		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph N. Faris		13b. MOTHER'S MAIDEN NAME Elizabeth Saunders		14. NAME OF HUSBAND OR WIFE None		
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. 723-4-0270	17. INFORMANT'S SIGNATURE OR NAME Mr. Ted Faris				ADDRESS Keytesville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Multiple fractures Ribs, Sternum DUE TO (c) Pelvis, Retroperitoneal Hemorrhage II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 8 1/2 - 59'					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident on wooded road - between Richmond + Conley	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ray Mo				
21d. TIME OF INJURY Nov. 1 - 1951	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto Trauma (m.m.o.)				
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 _____ m., from the causes and on the date stated above.						
23a. SIGNATURE Hugh H. Owens (Degree or title)			23b. ADDRESS 1034 Beato Blvd		23c. DATE SIGNED 11-12-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-14-1951	24c. NAME OF CEMETERY OR CREMATORY Roanoke		24d. LOCATION (City, town, or county) (State) Roanoke, Missouri		
DATE REC'D BY LOCAL REG. 11-12-51	REGISTRAR'S SIGNATURE Leraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. C.L. Forster, Kansas City, Mo.			

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

This is not a duplicate.

7501 8 28 74

DEC 8 1974

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 J. B. Herrick
Licensed Embalmer No. 3599
P. O. Address Ke 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.