

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38465

State File No.

FILED NOV 29 1951

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 272

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Orrick</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>1896</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wabash Hospital</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>C.</u> c. (Last) <u>FARRIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 29 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. <u>Dec 12 1892</u>		9. AGE (In years last birthday) <u>58</u>		10. <u>11 7</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wabash Section</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash RR</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>William H Farris</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Harris</u>	
14. NAME OF HUSBAND OR WIFE <u>Hattie</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>YES World War I</u>		16. SOCIAL SECURITY NO. <u>499-10-8998</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C.C. Farris</u>		ADDRESS <u>Orrick, Mo</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>CANCER, Rt. Kidney</u>		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CANCER, Rt. Kidney</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6-8 mos</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused 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) <u>180X</u>			
19a. DATE OF OPERATION <u>Nov 22 '51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Operation - hemorrhage</u>		20. AUTOPSY? YES <input checked="" 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) m.		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 Nov 23 1951, to Nov 22, 1951, that I last saw the deceased alive on Nov 22, 1951, and that death occurred at 9:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ernest K Berta</u> (Degree or title) <u>MD.</u>		23b. ADDRESS <u>415 Woodland Ave, Moberly</u>		23c. DATE SIGNED <u>Nov 22 '51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov 24 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Independence, Mo</u>	
24d. LOCATION (City, town, or county) (State)		DATE REC'D BY LOCAL REG. <u>11-24-51</u>		REGISTRAR'S SIGNATURE <u>Lea Burbullian Lewis</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Pharson and Sons, Moberly, Mo</u>		ADDRESS <u>261</u>			

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE Nov 24 1951

24c. NAME OF CEMETERY OR CREMATORY Independence, Mo

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 11-24-51

REGISTRAR'S SIGNATURE Lea Burbullian Lewis

25. FUNERAL DIRECTOR'S SIGNATURE Pharson and Sons, Moberly, Mo

ADDRESS 261

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

DEC 5 1951

NOV 26 1951

DEC 5 1951

Date Received:
DISTRICT HEALTH OFFICE #2

District File Number 11-51-2105

Date Filed: NOV 26 1951

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 Frank D. Wilt

Licensed Embalmer No. 3021

P. O. Address Provely 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.