

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

39823

State File No.

No. 300

10-48

FILED NOV 17 1952

BIRTH NO. _____ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6015 Registrar's No. 65

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>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salt Spring Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Huntsville</u> <u>1880</u>	
c. LENGTH OF STAY (In this place) <u>9 days</u>		d. STREET ADDRESS (If rural, give location) <u>234 West Clay Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pleasant View Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>George</u>	b. (Middle) <u>Washington</u>	c. (Last) <u>Fariss</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November 8, 1952</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 2, 1871</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 hrs. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farm laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	11. BIRTHPLACE (State or foreign country) <u>Virginia</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>William B. Fariss</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Catherine White</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Bell Fariss</u>
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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) <u>no</u>	16. SOCIAL SECURITY <u>486-12-3880</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Anna B. Fariss; Huntsville, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>5 yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>copy</u> 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 <u>none</u>	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) <u>Huntsville Mo</u>
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 June 2, 1946, to Nov 6, 1952, that I last saw the deceased alive on Nov 6, 1952, and that death occurred at 9 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Dieyer MD</u>	23b. ADDRESS <u>Huntsville Mo</u>	23c. DATE SIGNED <u>11/14/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>11-10-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Roanoke Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Roanoke, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-15-52</u>	REGISTRAR'S SIGNATURE <u>M. A. Baruhark</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Tom B. Patton Huntsville</u>
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(Licensed Embalmer's Statement on Reverse Side)

MD

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

280
4

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

Tom B. Patton

Licensed Embalmer No.

3914

P. O. Address

Huntsville, W.

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.