

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

745

State File No. ....

FILED JAN 15 1953

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 13

264  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place)		3. 98	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Penitentiary		d. STREET ADDRESS (If rural, give location) 127 Chelsea	

3. NAME OF DECEASED (Type or Print) Jesse Farris			4. DATE OF DEATH (Month) (Day) (Year) Jan. 3 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 7th, 1898		9. AGE (In years last birthday) 53
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown Farmer		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (State or foreign country) Unknown California	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Unknown
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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) Unknown	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE AND ADDRESS Sister - E. M. Wainwright - 117 Chelsea, Jefferson Mo. State Prison Hospital Records
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.		002X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Jefferson City, Cole	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Jefferson City, Mo
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? No

22. I hereby certify that I attended the deceased from July 8th, 1952, to 1-3, 1953, that I last saw the deceased alive on 1-2, 1953 and that death occurred at 10:00 am., from the causes and on the date stated above.

23a. SIGNATURE W. V. McKelley (Degree or title) MD	23b. ADDRESS 406 Central Trust Bldg	23c. DATE SIGNED 1-3-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan-13-53	24c. NAME OF CEMETERY OR CREMATORY Kirksville College of Osteopathy, Kirksville, Mo	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. Jan 13-1953	REGISTRAR'S SIGNATURE R. P. Darrin MD	25. FUNERAL DIRECTOR'S SIGNATURE W. R. Karpis	ADDRESS Jefferson City, Mo
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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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....  
*Step J Gordon*  
Signed

Licensed Embalmer No. *1786*

P. O. Address *Jefferson City 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.