

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7182**

No. 300  
10.48

FILED FEB 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3054** Registrar's No. **53**

883  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b>		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly 0883</b>		d. STREET ADDRESS (If rural, give location) <b>212 Halleck 0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>212 Halleck</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>Sterling</b> c. (Last) <b>Farris</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 17 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Apr 10 1896</b>
9. AGE (In years last birthday) <b>56</b>	10. MONTHS <b>10</b>	11. DAYS <b>7</b>	12. IF UNDER 1 YEAR Hours <b>0</b> Mins. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Treeing</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Factory</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Mo</b>	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <b>Wm H. Farris</b>	13b. MOTHER'S MARDEN NAME <b>Nancy Harris</b>	14. NAME OF HUSBAND OR WIFE <b>Ettie Lee</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>491-07-1953</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs J.S Farris, Moberly Mo</b> ADDRESS <b>Mo</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		19. MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>NATURAL CAUSES</b>		INTERVAL BETWEEN ONSET AND DEATH	
*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	
DUE TO (b) <b>Cardiac Hypertrophy</b>			
DUE TO (c) <b>Alcoholism</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>3222</b>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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) <b>Moberly Randolph Mo</b>	
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 <b>Jan 1950</b> to <b>Feb 17, 1953</b> , that I last saw the deceased alive on <b>2/17, 1953</b> , and that death occurred at <b>4:30 P.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>J.A. [Signature]</b> (Degree or title)		23b. ADDRESS <b>Moberly Mo</b>	23c. DATE SIGNED <b>2/18/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-19-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Memorial Gardens</b>	24d. LOCATION (City, town, or county) (State) <b>Moberly Mo</b>
DATE REC'D BY LOCAL REG. <b>2-19-53</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Mahan and Son, Moberly, Mo</b> ADDRESS	

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision. *4*

Student .....  
Student Embalmer

Signed Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.