

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

21235

FILED JUL 1 - 1953

BIRTH NO.

REG. DIST. NO. 118

PRIMARY REG. DIST. NO. 5440

Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Gasconade			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Gasconade		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Clay Twp.		c. LENGTH OF STAY (in this place) 1/2 hour	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Canaan Twp.		
d. FULL NAME OF HOSPITAL OR INSTITUTION near Canaan, Mo.			d. STREET ADDRESS (If rural, give location) Owensville, Mo.		
3. NAME OF DECEASED (Type or Print) Madison Nicholson Farris			4. DATE OF DEATH (Month) (Day) (Year) June 22, 1953		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 3, 1891		
9. AGE (in years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mining		11. BIRTHPLACE (City and State or Foreign Country) Gasconade County, Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mining		10b. KIND OF BUSINESS OR INDUSTRY Clay Mines		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James M. Farris		13b. MOTHER'S MAIDEN NAME Martha Matthews		14. NAME OF HUSBAND OR WIFE Ida Crider Farris	
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. 509-20-2415		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Floyd Farris Owensville, 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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe crushing injury to head and chest causing immediate death. Accidentally fell into clay pit about 120ft. in depth. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None. DUE TO (c) None. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (a. in or about home, farm, factory, street, other bldg., etc.) Clay Pit		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Clay Township, Gasconade, Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-22-53 2P.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Accidentally fell into clay pit.	
22. I hereby certify that I attended the deceased from 6-22, 1953 , to 6-22, 1953 , that I last saw the deceased alive on 6-22, 1953 , and that death occurred at 2P. m. , from the causes and on the date stated above.					
23a. SIGNATURE Paula B. Brown, M.D.			23b. ADDRESS Owensville, Mo.		23c. DATE SIGNED 6-25-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-25-1953	24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Owensville, Mo.
DATE REC'D BY LOCAL REG. 6-25-1953		REGISTRAR'S SIGNATURE Mrs. Maxine Sappmeyer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wilford H. H. Winter OWENSVILLE	

(If signed Employer's Statement on Reverse Side)

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

0370

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Myron H. Winter

Licensed Embalmer No. 2838

P. O. Address OWENSVILLE 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.