

STANDARD CERTIFICATE OF DEATH

29377

State File No.

FILED SEP 1 - 1953

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4337 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Monroe</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY OR TOWN <u>Madison</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Madison RR 0 1691</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		6. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print)	(First) <u>Lola</u>	b. (Middle) <u>Mae</u>	c. (Last) <u>Farris</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8-26-1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>5/5/1895</u>	9. AGE (In years last birthday) <u>58</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>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Madison RR. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>W.A. Mackey</u>	13b. MOTHER'S MAIDEN NAME <u>Mollie Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Arthur Farris</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Lis Potter</u>	ADDRESS _____
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
	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.		

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 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>Madison Monroe Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from June 1953, to Aug 26, 1953, that I last saw the deceased alive on Aug 26, 1953, and that death occurred at 8 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. Smith</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Moberly, Mo</u>	23c. DATE SIGNED <u>8-28-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/28/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Summit Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Madison Mo</u>
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DATE REC'D BY LOCAL REG. <u>SEP 1 1953</u>	REGISTRAR'S SIGNATURE <u>Clyde A. Bridges</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Russell Thompson</u>	ADDRESS <u>Madison Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

690
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No. 300
10-46

SEP 4 1953

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 Mr. Fred C. Kaufman

Licensed Embalmer No. 3282

P. O. Address Madison, Ky

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.