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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32659

BIRTH NO. FILED OCT 13 1953 REG. DIST. NO. 287 PRIMARY REG. DIST. NO. 5971 Registrar's No. 118

1. PLACE OF DEATH
a. COUNTY: Polk
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "Rural" Marion Twp.
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R. F. D. Bolivar

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Polk
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "Rural" Marion Twp. c 840
d. STREET ADDRESS (If rural, give location): R. F. D. Bolivar 0

3. NAME OF DECEASED (Type or Print)
a. (First): Louis
b. (Middle): Alexander
c. (Last): Farris

4. DATE OF DEATH (Month) Oct. (Day) 2 (Year) 1953

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: Aug. 6, 1875
9. AGE (In years last birthday): 78 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Polk County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Lewis Farris
13b. MOTHER'S MAIDEN NAME: Nancy Venable
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Roy Blackwell
ADDRESS: Bolivar, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arteriosclerosis Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yr

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: 4200
20. AUTOPSY? YES ☐ NO ☐

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):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 1, 1953, *to* Oct 2, 1953, *that I last saw the deceased alive on* Oct 1, 1953, *and that death occurred at* 12:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. H. Bridges
23b. ADDRESS: Bolivar, Mo.
23c. DATE SIGNED: 10/3/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 4, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mt. Gilead Cemetery
24d. LOCATION (City, town, or county) (State): Polk County, Mo.

DATE REC'D BY LOCAL REG.: 10/3/53
REGISTRAR'S SIGNATURE: Ralph Gordon
25. FUNERAL DIRECTOR'S SIGNATURE: Turpin Funeral Home
ADDRESS: Bolivar, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.