

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **28865**

FILED DEC 14 1953

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **254**

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HENRY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DEERWATER	
c. LENGTH OF STAY (In this place) 24 hrs.		d. STREET ADDRESS (If rural, give location) 0420	
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General Hospital		e. STREET ADDRESS 0	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) MONROE c. (Last) FARRIS			4. DATE OF DEATH (Month) (Day) (Year) Dec. 3-1953		
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWER	
8. DATE OF BIRTH Feb 24-1880		9. AGE (In years last birthday) 73		10. <input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> 1 YEAR <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 3 YEARS <input type="checkbox"/> 4 YEARS <input type="checkbox"/> 5 YEARS <input type="checkbox"/> 6 YEARS <input type="checkbox"/> 7 YEARS <input type="checkbox"/> 8 YEARS <input type="checkbox"/> 9 YEARS <input type="checkbox"/> 10 YEARS	
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A		13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	
14. KIND OF BUSINESS OR INDUSTRY Own Farm		15. FATHER'S NAME MELGAR FARRIS		16. MOTHER'S MAIDEN NAME MARGARET STARK	
17. NAME OF HUSBAND OR WIFE -		18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No.		19. SOCIAL SECURITY NO. 499-07-3790	
20. INFORMANT'S SIGNATURE OR NAME Mrs. F. H. Bogarth		21. ADDRESS 9941 E. 68th Nidville, Mo		22. MEDICAL CERTIFICATION	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism		INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombophlebitis left leg		1 month	
		DUE TO (c) -			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION -		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 463X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		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 **5:45**, 19 **53**, on **Dec 3**, 19 **53**, that I last saw the deceased alive on **Dec 2**, 19 **53** and that death occurred at **6:30** pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) S. B. Ruyha M.D.		23b. ADDRESS Clinton Mo		23c. DATE SIGNED 12/3/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-5-53		24c. NAME OF CEMETERY OR CREMATORY Maplewood Cem., Brownington, Mo	
24d. LOCATION (City, town, or county) (State) Brownington, Mo		25. FUNERAL DIRECTOR'S SIGNATURE Tom Hurst		ADDRESS Deerwater, Mo	

DATE REC'D BY LOCAL REG. Dec-5-53		REGISTRAR'S SIGNATURE Florence Adams		25. FUNERAL DIRECTOR'S SIGNATURE Tom Hurst	
				ADDRESS Deerwater, Mo	

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

DEC 22 1958

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

Sam Hunt

Licensed Embalmer No. 2982

P. O. Address

Deerpunator 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.