S. No. 300
V. 10.48

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

FILED NOV 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40432

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10612

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis, Missouri
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): BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Scott 1001
c. CITY OR TOWN: Chaffee
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ /
e. STREET ADDRESS (If rural, give location): ~~Rural route~~ 112 West Parker

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

4. DATE OF DEATH (Month) 11 (Day) 5 (Year) 53

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married /

8. DATE OF BIRTH: 5-2-1893

9. AGE (In years last birthday): 60 | 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): salesman

10b. KIND OF BUSINESS OR INDUSTRY: self emp.

11. BIRTHPLACE (City and State or Foreign Country): Ohio /

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: John Farris

13b. MOTHER'S MAIDEN NAME: Cynthia ~~Howe~~ Muse

14. NAME OF HUSBAND OR WIFE: Miriam Farris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes ~~no~~
(If yes, give war or dates of service): W.W. 1

16. SOCIAL SECURITY NO. 496-36-3984: unknown

17. INFORMANT'S SIGNATURE OR NAME: Miriam Farris, ADDRESS: Chaffee, 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., but means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: Several years

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.

Dec 22 '53 Cancer path. 3 Dec 10 '53

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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? 162X

22. *I hereby certify that I attended the deceased from* Oct. 29, *19*53, *to* Nov. 5, *19*53, *that I last saw the deceased alive on* Nov. 5, *19* 53, *and that death occurred at* 8:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE H R Bradley 0 (Degree or title) M. D.

23b. ADDRESS 600 S. Kingshighway St. Louis 10, Missouri

23c. DATE SIGNED 11-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal

24b. DATE 11-6-53

24c. NAME OF CEMETERY OR CREMATORY: Memorial Park

24d. LOCATION (City, town, or county) (State): ~~Chaffee,~~ Mo. Cape Girardeau

DATE REC'D BY LOCAL REG. NOV 9 1953

REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Bisplinghoff, Chaffee, Mo.

S.P. (Licensed Embalmer's Statement on Reverse Side)

NOV 24 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....J. Allen Davis Jr

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Scott }

State File No. 40432
Local Registrar's No. 10612

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 27th day of November, 1953, before me appears Mrs. Mariam E. Farris, who, upon her oath, states that the original record of ~~birth~~ death for Paul Muse Farris, died ~~born~~ November 5, 1953, in the State of Missouri, and which was filed at St. Louis, Missouri on 11-6, 1953, should be corrected as follows:

Item No. 2 a should read Missouri, Scott County
Instead of Missouri

Item No. 2 e should read 112 West Parker
Instead of Rural Route

Item No. 13 should read Cynthia Muse
Instead of Cynthia Mews

Item No. 15 should read Yes
Instead of W W I

Item No. 16 should read 496-36-3984
Instead of Unknown

Item No. 24 b should read 11-5-53
Instead of 11-6-53

Item No. 24 c should read Memorial Park
Instead of

Item No. 24 d should read Cape Girardeau, Missouri
Instead of Chaffee, Missouri

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Miriam E. Farris Widow
Relationship.

112 West Parker, Chaffee, Missouri
Present Address.

Subscribed and sworn to before me this 27th day of November, 1953.

My Commission expires March 1, 1954 Lawrence Oliver Notary Public.