

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

413

State File No. ....

BIRTH NO. FILED FEB 8 1954 REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. CITY OR TOWN <u>Fulton</u>	
c. LENGTH OF STAY (in this place) <u>2 years</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>316 N.W. 8th St.</u>		e. STREET ADDRESS (If rural, give location) <u>316 N.W. 8th Street.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Farris</u> c. (Last) <u>Farris</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 2 54</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>		8. DATE OF BIRTH <u>Dec 20-1875</u>		9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>12</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Porter</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Beer Tavern</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Fulton, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Charley Farris</u>		13b. MOTHER'S MAIDEN NAME <u>Abbey Allen</u>		13c. NAME OF HUSBAND OR WIFE <u>Ella Farris deceased</u>	
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15. WAS DECEASED MEMBER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-16-3136</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ike Farris</u> ADDRESS <u>316 N.W. 8th St Fulton, Mo.</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-Vascular Accident</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerotic Vascular Disease</u> DUE TO (c) <u>L Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Acute</u>  <u>(?) years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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)		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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 12:59 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Andrew S. Lawler M.D. (Coroner)</u>		23b. ADDRESS <u>Fulton, Mo.</u>		23c. DATE SIGNED <u>2-5-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Reburial</u>		24b. DATE <u>Feb 6-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>South Side</u>		24d. LOCATION (City, town, or county) (State) <u>Fulton, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Feb 6-1954</u>		REGISTRAR'S SIGNATURE <u>Margaret Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Eli Bell</u> ADDRESS <u>Fulton, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed *Harry T. Bell*.....  
Licensed Embalmer No. *48*.....  
P. O. Address *Fulton*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.