

29730

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 5 1954

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 160

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|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Audrain</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u> | | c. CITY OR TOWN <u>Boonville</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>2 days</u> | | e. STREET ADDRESS (If rural, give location) <u>R.F.D.#2</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain Hospital</u> | | 0270 1 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>HARGROVE</u> b. (Middle) <u>Hoberecht</u> c. (Last) <u>FARRIS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 25, 54</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Jan. 14, 1905</u> |
| 9. AGE (In years last birthday) <u>49</u> | | IF UNDER 1 YEAR Months _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Cooper County, Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>Arch L. Farris</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Sadie Hoberecht</u> | | 14. NAME OF HUSBAND OR WIFE <u>Eula Honerbrink Farris</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Eula Farris</u> ADDRESS <u>Boonville, Mo.</u> |
| 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>Bacterial skull fracture with severe brain damage</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. <u>Fractured left & lacerating scalp.</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> | |
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>None</u> | | 20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 64</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>East of Audrain Audrain Mo.</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 23, 1954 2:00 p.m.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR <u>Truck accident</u> | |
| 22. I hereby certify that I attended the deceased from <u>Sept 23, 1954</u> , to <u>Sept 25, 1954</u> , that I last saw the deceased alive on <u>Sept 25, 1954</u> , and that death occurred at <u>2:00 p.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Blanche Neely</u> | | 23b. ADDRESS <u>112 N Clark Street</u> | 23c. DATE SIGNED <u>Sept 25, 1954</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>9/27/1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u> | 24d. LOCATION (City, town, or county) (State) <u>Boonville, Mo</u> |
| DATE REC'D BY LOCAL REG. <u>Sept 26 1954</u> | REGISTRAR'S SIGNATURE <u>Blanche Neely</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Tarl & O'Connell</u> | ADDRESS <u>Mexico, Mo.</u> |

(Licensed Embalmer's Statement on Reverse Side)

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

1961 9 100

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 *Billy J Skinner*.....

Licensed Embalmer No. 4784..

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