

FILED JUL 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18020

State File No.

BIRTH NO. _____ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 5272 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) R 2 Billings	c. LENGTH OF STAY (in this place) 45 yrs	c. CITY OR TOWN R 2 Billings	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 2 Polk Twship		e. STREET ADDRESS (If rural, give location) 0270	

3. NAME OF DECEASED (Type or Print) a. (First) Elmer b. (Middle) Eugene c. (Last) Farris	4. DATE OF DEATH (Month) (Day) (Year) July 5, 1955
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 26, 1879	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 5 Days 9	IF UNDER 1 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Enon, Moniteau Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Benjiman Farris	13b. MOTHER'S MAIDEN NAME Lottie Shadrick	14. NAME OF HUSBAND OR WIFE Lillie Grace Farris
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lillie Farris, R Billings, Mo.	ADDRESS R Billings, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Cerebral apoplexy	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH 2 days
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic nephritis		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 27, 1955, to July 5, 1955, that I last saw the deceased alive on July 5, 1955, and that death occurred at 11:35p.m., from the causes and on the date stated above.

23a. SIGNATURE R. W. Marshall, D.O.	(Degree or title)	23b. ADDRESS Billings, Mo.	23c. DATE SIGNED July 6/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 7, 1955	24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery	24d. LOCATION (City, town, or county) (State) Marionville, Mo.
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DATE REC'D BY LOCAL REG. July 7, 1955	REGISTRAR'S SIGNATURE Oliver Hetter	25. FUNERAL DIRECTOR'S SIGNATURE J. B. Surridge	ADDRESS Marionville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

307. 27. 2014

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..... *Herman Hurvitz*

Licensed Embalmer No. 302

P. O. Address *Perisw*

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.