

FILED JUL 21 1955

STANDARD CERTIFICATE OF DEATH

State File No. 23272
Registrar's No. 171

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3006

1. PLACE OF DEATH a. COUNTY RANDOLPH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY RANDOLPH	
b. CITY (If outside corporate limits, write RURAL and give township) MOBERLY		c. LENGTH OF STAY (In this place) 13 Days	c. CITY OR TOWN MOBERLY
d. FULL NAME OF HOSPITAL OR INSTITUTION MCCORMICK HOSPITAL		STREET ADDRESS (If rural, give location) 309 MOREHEAD	

3. NAME OF DECEASED (Type or Print) a. (First) ELVA b. (Middle) WILLET c. (Last) FARRIS			4. DATE OF DEATH (Month) (Day) (Year) JULY 8, 1955		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB-16-1882	9. AGE (In years last birthday) 73	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	11. BIRTHPLACE (City and State or Foreign Country) DUNCAN Bridge	12. CITIZEN OF WHAT COUNTRY? U.S.B.
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13a. FATHER'S NAME JOHN THOMAS HENDRICKS	13b. MOTHER'S MAIDEN NAME SARAH MARGARET WALKER	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. 497-30-9521	17. INFORMANT'S SIGNATURE OR NAME MRS ANNES MOBERLY MO.	ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 13 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Previous coronary DUE TO (c) Myocarditis		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 4201	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____
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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 **Jan 26, 1955**, to **July 8, 1955**, that I last saw the deceased alive on **July 8, 1955**, and that death occurred at **7:50p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. J. H. McCormick D.O.	23b. ADDRESS 300 1/2 Reed St. Moberly Mo.	23c. DATE SIGNED 7-9-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY-11-1955	24c. NAME OF CEMETERY OR CREMATORY SUNSET MEMORIAL CEMETERY	24d. LOCATION (City, town, or county) MOBERLY MO
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DATE REC'D BY LOCAL REG. 7-11-55	REGISTRAR'S SIGNATURE Leah E. Lauer	25. FUNERAL DIRECTOR'S SIGNATURE LATER FUNERAL HOME	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

MOBERLY, MO.

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

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..... *Jerry R. Carter*
Licensed Embalmer No. *4900*

P. O. Address *Woburn, T.*

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.