No. 300
10:48

FILED OCT 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29938

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 389

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
c. LENGTH OF STAY (in this place): 12 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 217 McKINLEY AVE.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JASPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
d. STREET ADDRESS (If rural, give location): 217 McKINLEY AVE.

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3. NAME OF DECEASED (Type or Print)
a. (First): TOLBERT
b. (Middle): S.
c. (Last): FARRIS

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 22, 1955

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: SEPT. 16, 1898
9. AGE (In years last birthday): 57 — 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): MINISTER
10b. KIND OF BUSINESS OR INDUSTRY: SECOND ASSEMBLY OF GOD CHURCH
11. BIRTHPLACE (State or foreign country): HARTFORD, ARKANSAS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: UNK
13b. MOTHER'S MAIDEN NAME: UNK
14. NAME OF HUSBAND OR WIFE: MRS. RUBY FARRIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNK (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: MRS. RUBY FARRIS, 217 McKINLEY AVE.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Artery Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Allergic Bronchial Asthma
DUE TO (c): 4201

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: None
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?

22. *I hereby certify that I attended the deceased from* 9/9/, 1955, *to* 9/22/, 1955, *that I last saw the deceased alive on* 9/22/55, 19__ *and that death occurred at* 3:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: 321 Frisco Building, Joplin, Missouri
23c. DATE SIGNED: 9/26/55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 9-26-55
24c. NAME OF CEMETERY OR CREMATORY: OZARK MEMORIAL PARK
24d. LOCATION (City, town, or county) (State): JOPLIN, MISSOURI

DATE REC'D BY LOCAL REG.: 9-29-55
REGISTRAR'S SIGNATURE: Ed D. James 138 by Dolores Lampkins Dk.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: STEVE PARKER MORTUARY, JOPLIN, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 55-10466
Date Filed OCT 3 1955

JAN 29 1957

OCT 17 1955

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.....

working under my personal supervision.

Student Embalmer No.....

Signed F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Jefferson Mo

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

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