

X
S. No. 300
V. 10.48

FILED JUL 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25827

State File No.

3

BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 4539 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Wayne</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hiway #0, Wayne County</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Williamsville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>	b. (Middle) <u>Casper</u>	c. (Last) <u>Faries</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 19, 56</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>Nov. 3, 1894</u>
9. AGE (In years last birthday) <u>61</u>	10. MONTHS <u>9</u>	11. DAYS <u>16</u>	12. IF UNDER 1 YEAR Hours <u>11</u> Min. <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mail Carrier</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Rural Carrier</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Broughton, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>John Orgon Faries</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Gwaltney</u>	14. NAME OF HUSBAND OR WIFE <u>Mamie Edna Porterfield</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>490-14-0407</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Faries Fayetteville, Ark.</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull Fracture</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 min.</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.		

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) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hiway #0</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Williamsville Wayne Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 19 56 3:30P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car accident</u>

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 3:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Mamie E. Bowler Coroner</u>	23b. ADDRESS <u>Piedmont Mo</u>	23c. DATE SIGNED <u>7-20-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-22-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wappapello</u>	24d. LOCATION (City, town, or county) (State) <u>Wappapello, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>July 20, 1956</u>	REGISTRAR'S SIGNATURE <u>Fayel Ward</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>William G. ... Piedmont, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

460

RECEIVED
JUL 23 1956
WAYNE CO. HEALTH CENTER
FILE No. _____

SEP 5 1956

AUG 13 1956

AUG 2 1956

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 _____

Coder Funeral Home

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *William Coder*

Licensed Embalmer No. 3723

P. O. Address Piedmont, Missouri

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