

FILED NOV 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38850

State File No.

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4352 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles</u>	
c. LENGTH OF STAY (in this place) <u>5 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Oak Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Oak Street</u>		e. STREET ADDRESS <u>Oak Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>FANNIE</u> b. (Middle) <u>MAYIAH</u> c. (Last) <u>FARRIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 8, 1956</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>February 1, 1874</u>
9. AGE (In years last birthday) <u>82</u>	10. MONTHS <u>9</u>	11. DAYS <u>7</u>	12. IF UNDER 1 YEAR Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Gravois Mills, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>George Pace</u>	13b. MOTHER'S MAIDEN NAME <u>Rachel Buckley</u>	14. NAME OF HUSBAND OR WIFE <u>Nathan 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 ADDRESS <u>Mrs. Lester Hibdon Versailles, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</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.		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>11-5</u> , 1956, to <u>11-8</u> , 1956, that I last saw the deceased alive on <u>11-5</u> , 1956, and that death occurred at <u>11:00 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ray Lytle, M.D.</u>		23b. ADDRESS <u>Versailles Mo.</u>	23c. DATE SIGNED <u>11-11-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>November 10, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Silvey Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Morgan County Missouri</u>
DATE REC'D BY LOCAL REG. <u>11-15-56</u>	REGISTRAR'S SIGNATURE <u>J. L. Wash</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James R. Dorman Versailles, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

214-0

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
Student Embalmer

Signed

J. Ann R. Scoville

Licensed Embalmer No. *4880*

P. O. Address *Vincennes, 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 this body is not embalmed, fact should be so stated above.