

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017160

STATE FILE NUMBER

FILED MAY 9 1958

Registration District No. 374

Primary Registration District No. 6274

Registrar's No. 23

1-300  
1-57  
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>1139</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Middlefork TWP</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>1139</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 Mi West of Denver MO</u>			Length of stay in lb <u>50 YRS</u>		d. STREET ADDRESS (If outside, give location) <u>Rural Worth MO</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Irvie</u> Middle Last <u>Farris</u>				4. DATE OF DEATH Month <u>April</u> Day <u>25</u> Year <u>1958</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>May 27, 1883</u>		9. AGE (In years last birthday) <u>74</u> 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) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Worth Co, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Jarris FARRIS</u>			13b. MOTHER'S MAIDEN NAME <u>Carrie Stanton</u>			14. NAME OF HUSBAND OR WIFE <u>Oma 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>498-40-6566</u>		17. INFORMANT <u>Oma Farris</u>			Address <u>Worth MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gastric Carcinoma</u>							INTERVAL BETWEEN ONSET AND DEATH <u>NOT KNOWN</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Primary site--Stomach, with metastatic lesions</u> DUE TO (c) <u>in the liver, spleen and pancreas.</u>									
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in Part I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>151X</u>						
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>1 April 1958</u> to <u>25 April 1958</u> and last saw him alive on <u>24 April 58</u> Death occurred at <u>11:30 A.M. 25 April 58</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>D. D. Merrill</u> (Degree or title) <u>D.O.</u>				22b. ADDRESS <u>Albany, Missouri</u>			22c. DATE SIGNED <u>29 April</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>April 27, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Prarie Chapel Cemetry</u>		23d. LOCATION (City, town, or county) <u>Denver Rural</u>		STATE <u>MO</u>	
24. FUNERAL DIRECTOR <u>Kernit Brann</u>			ADDRESS <u>Denver, mo</u>		25. DATE RECD. BY LOCAL REG. <u>May 2-1958</u>		26. REGISTRAR'S SIGNATURE <u>Keta E. Dawson</u>		

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 John Andrews, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed John Andrews .....

Licensed Embalmer No. 4211  
P. O. Address Grant City

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.