

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

66 815-58

58-029970  
STATE FILE NUMBER

FILED SEP 15 1958 Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 191

S. 300  
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1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Chariton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Moberly</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Keytesville</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Community Hospital</b>		Length of stay in lb <b>1-Day</b>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>Glen Arthur Farris</b>			4. DATE OF DEATH Month Day Year <b>Sept 3rd, 1958</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept 3rd, 1958</b>	9. AGE (In years last birthday)	10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Mins
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baby</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Moberly Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Warren Farris</b>	13b. MOTHER'S MAIDEN NAME <b>May Fogelsong</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. -----	17. INFORMANT <b>Warren Farris</b>	Address <b>Keytesville, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Prematurity</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30 weeks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>unknown</b>		
DUE TO (c) <b>776 X</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

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.)
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20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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
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21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw <sup>her</sup> <sub>him</sub> alive on **Sep 3-58**  
Death occurred at **11:00 P.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>W. H. McCornack D.O.</b>	(Degree or title)	22b. ADDRESS <b>300 1/2 Reed St. Moberly, Mo.</b>	22c. DATE SIGNED <b>9-4-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Sep. 4th, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Asbury</b>	23d. LOCATION (City, town or county) (State) <b>Chariton County, Mo.</b>
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24. FUNERAL DIRECTOR <b>H. D. Lawlett</b>	ADDRESS <b>Keytesville, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>9-4-58</b>	26. REGISTRAR'S SIGNATURE <b>Leah Loue</b>
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All deaths in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *A. D. Garnett* .....

*This body was not embalmed.*

Licensed Embalmer No. *3046* .....

P. O. Address *Key town* .....

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..