

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033220

STATE FILE NUMBER

FILED OCT 15 1958

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 480

300
-57

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JOPLIN 0495 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1618 MISSOURI AVE ALWAYS		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1618 MISSOURI AVE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First BENJAMIN Middle H. Last FARRIS			4. DATE OF DEATH Month OCTOBER Day 3 Year 1958		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAR. 15, 1890	9. AGE (In years last birthday) 68 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, or even if retired) ELECTRIC WELDER		10b. KIND OF BUSINESS OR INDUSTRY WELDING	11. BIRTHPLACE (City and state or country) JOPLIN, MO.		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 ANNA EDITH FARRIS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date(s) of service) YES W.W. I		16. SOCIAL SECURITY NO. UNK	17. INFORMANT Address MRS. EDITH FARRIS, 1618 MISSOURI AVE.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 3 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE 4200	

21. I attended the deceased from August 13, 1957 , to October 3, 1958 and last saw him alive on September 30, 1958 Death occurred at 6:30 A m on the date stated above; and to the best of my knowledge from the causes stated.		
22a. SIGNATURE (Degree or title) Galice W. Kelleher, M.D.	22b. ADDRESS MEDICAL ARTS BLDG, JOPLIN, MO	22c. DATE SIGNED 10-7-58

23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) BURIAL	23b. DATE 10-6-58	23c. NAME OF CEMETERY OR CREMATORY FOREST PARK CEMETERY,	23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI
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24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.	25. DATE RECD. BY LOCAL REG. 10-11-1958	26. REGISTRAR'S SIGNATURE Dove Merriam
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

1931 9 1 100

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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Jap. Line M.*

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.