Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000672
STATE FILE NUMBER

FILED JAN 12 1959 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY Cole-
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Jefferson - City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St- Mary's-Hospital — Length of stay in 1b 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Miller
c. CITY OR TOWN Eldon 0661 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 108-N-Ollive- — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Wesley- Middle Marion- Last Farris-
4. DATE OF DEATH Month Jan- Day 8 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 9 Sept-1875
9. AGE (In years last birthday) 83 — 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) Retired- Farmer
10b. KIND OF BUSINESS OR INDUSTRY Gen- Farming
11. BIRTHPLACE (City and state or country) Cole- Co- Mo
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John-Q-Farris
13b. MOTHER'S MAIDEN NAME Laura-(Farris)
14. NAME OF HUSBAND OR WIFE Sarrah-Jane- Farris
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Buehah-Jones- Address Eldon- Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive cardio vascular disease
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year None
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None
20f. CITY, TOWN, OR LOCATION None COUNTY STATE

21. I attended the deceased from Jan 5-1959 to Jan 8-59 and last saw him alive on Jan 8-59
Death occurred at 3:00 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. A. Ossman M.B
22b. ADDRESS Jefferson-City-Mo
22c. DATE SIGNED 9 Jan-1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10 Jan-1959
23c. NAME OF CEMETERY OR CREMATORY Eldon
23d. LOCATION (City, town, or county) Eldon (State) Mo

24. FUNERAL DIRECTOR Keith M. Kays ADDRESS Eldon Mo
25. DATE RECD. BY LOCAL REG. 9 January 1959
26. REGISTRAR'S SIGNATURE R.P. Dorris, M.D.-M.R.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Keith M. Kays

Licensed Embalmer No. 3998

P. O. Address Eldon 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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