

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001634  
STATE FILE NUMBER

FILED JAN 13 1959 Registration District No. 150 Primary Registration District No. 4239 Registrar's No. 9

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lee's Summit</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Lee's Summit</b> 70010
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>302 Forest</b>		Length of stay in lb <b>5 Yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>302 Forest</b>

3. NAME OF DECEASED (Type or print) First Middle Last <b>Ephriam Lewis Farris</b>			4. DATE OF DEATH Month Day Year <b>1 7 1959</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 checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 2 1868</b>	9. AGE (In years last birthday) <b>90</b>	10. UNDER 1 YEAR Months Days Hours Min.	11. UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and state or country) <b>Perry County Ind.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William R. Farris</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Royal</b>	14. NAME OF HUSBAND OR WIFE <b>Virginia Farris (Dec.)</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mrs Effie Ousley Lee's Summit 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>Massive Gastrointestinal Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Metastases from Carcinoma of Gallbladder</b>	<b>10 months</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) <b>1551</b>		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.)
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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
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21. I attended the deceased from <b>5:10 June 59</b> to <b>7 Jan 59</b> and last saw him alive on <b>7 Jan. 1959</b> Death occurred at <b>5:10 pm</b> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <b>M. D. Dummell M. D.</b>	22b. ADDRESS <b>18 E. 3rd St. Lee's Summit, Mo</b>	22c. DATE SIGNED <b>1/7/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>1/9/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Ridge Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>St. Joseph Mo.</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Langsford Funeral Home Lee's Summit Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>1-8-59</b>	26. REGISTRAR'S SIGNATURE <b>W B Langsford</b>
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All diseases 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 *M. B. Langford* .....

Licensed Embalmer No. *3133*

P. O. Address *Lee's Summit*

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.