

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004915
STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 64

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Cole</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Miller</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Jefferson City Mo.</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Eugene Mo.</i>
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Chas. E. Hull Hosp</i>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <i>Rt 1</i>
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Charles</i> Middle <i>Enoch</i> Last <i>Farris</i>			4. DATE OF DEATH Month <i>March</i> Day <i>4</i> Year <i>'59</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Dec 7, 1891</i>	9. AGE (In years last birthday) <i>67</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Erwin Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>America</i>

13a. FATHER'S NAME <i>Oliver Farris</i>		13b. MOTHER'S MAIDEN NAME <i>Bonelle Campbell Bursu Farris</i>		14. NAME OF HUSBAND OR WIFE <i>Hubert Farris</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Hubert Farris</i> Address <i>Osceola Mo</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>myocardial failure</i>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <i>Congestive heart failure</i>		
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 <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>					
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 Death occurred at <i>9:20 P.M. Feb 22-59</i> to <i>—</i> and last saw ^{her} him alive on <i>3/4/59</i>				
22a. SIGNATURE (Degree or title) <i>R. L. Michael D.O.</i>			22b. ADDRESS <i>Jefferson City</i>	22c. DATE SIGNED <i>3/4/59</i>

23a. BURIAL, CREMATION, BRENIOVAL (Specify) <i>Burial</i>		23b. DATE <i>3-7-59</i>	23c. NAME OF CEMETERY OR CREMATORIUM <i>Spring Garden</i>		23d. LOCATION (City, town, or county) (State) <i>Eugene Mo.</i>
24. FUNERAL DIRECTOR <i>W. H. Russell</i> ADDRESS <i>Russellville Mo</i>		25. DATE RECD. BY LOCAL REG. <i>6 March 1959</i>		26. REGISTRAR'S SIGNATURE <i>R. P. Norris, M.D. M.R.</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification
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 *G. M. Steffens*

Licensed Embalmer No. *2307*.....

P. O. Address *.....*

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.