

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009387

STATE FILE NUMBER

FILED APR 2 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1421

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Liberty</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Osteopathic Hosp.</b>		d. STREET ADDRESS <b>302 West Kansas</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>THOMAS J. FARISS</b>		4. DATE OF DEATH Month Day Year <b>March 17, 1959</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 25, 1872</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Civil Service Engineer Engineers Corps</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Boonville, Mo.</b>	11. BIRTHPLACE (City and state or country) <b>Boonville, Mo.</b>
13a. FATHER'S NAME <b>John Fariss</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Fariss</b>	14. NAME OF HUSBAND OR WIFE <b>Ellen Fariss</b>
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>489-28-0431</b>	17. INFORMANT Address <b>Liberty, Mo. Mrs. Ellen Fariss, 302 W. Kansas,</b>
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>Pneumonia</b> DUE TO (b) <b>Fracture Right Hip</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>Fracture Right Hip</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3-13-59</b> <b>3-17-59</b>
20a. ACCIDENT <input checked="" 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.) <b>fell</b>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <b>3-13-59</b>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>		20f. CITY, TOWN, OR LOCATION <b>302 west Kansas - Liberty Clay Mo.</b>	
21. I attended the deceased from <b>3-13-59</b> to <b>3-17-59</b> and last saw him alive on <b>3-17-59</b> Death occurred at <b>7:27 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>James C. Bolin Jr. M.D.</b>		22b. ADDRESS <b>1001 Searritt Bld.</b>	
22c. DATE SIGNED <b>3-19-59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial &amp; Removal</b>		23b. DATE <b>3-18-1959</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Walnut Grove Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Boonville, Missouri</b>	
24. FUNERAL DIRECTOR <b>Mellody-McGilley-Eylar Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>3-18-59</b>	
26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>			

James C. Bolin, M.D. ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Dr. James B. Levin 818 Grand  
1001 Summit Bldg.  
GR 1-3349

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 *Melvin Bartman* .....

Licensed Embalmer No. *490* .....

P. O. Address *K C 7th* .....

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.