

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031646

FILED VS. SEP 12 1960 290

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 121

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cullen Twp.		Length of stay in 1b Life.	c. CITY OR TOWN Waynesville, Mo
c. FULL NAME OF HOSPITAL OR INSTITUTION Rural Rt., 2 Way, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rural Rt.
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Helen Middle Marie Last Farris.			4. DATE OF DEATH Month Aug. Day 19 Year 1960			
5. SEX Female	6. COLOR OR RACE White.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/13/1926	9. AGE (last birthday) 34	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) Dixon, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Edgar McKinnon.		13b. MOTHER'S MAIDEN NAME Goldie Wade.		14. NAME OF HUSBAND OR WIFE Archie Farris.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 410-44-1607		17. INFORMANT Address Mo. Archie Farris Rt#2 Waynesville		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH instant
IMMEDIATE CAUSE (a)	Trauma to Brain	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Gunshot wound	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Gunshot wound.
20c. TIME OF INJURY Hour 7:30 PM Month, Day, Year 8 19 60		

20d. INJURY OCCURRED WHILE AT WORK <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.) Home	20f. CITY, TOWN, OR LOCATION Waynesville	COUNTY Pulaski	STATE Mo.
---	---	--	--------------------------	---------------------

21. I attended the deceased **born** on **8/19/60**, to **Archie Farris Farris**
Death occurred at **7:30** P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Hedges</i> Hedges (Degree or title) County Coroner.	22b. ADDRESS Richland, Missouri	22c. DATE SIGNED 8/19/60
--	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/22/60	23c. NAME OF CEMETERY OR CREMATORY Dunkard Cemetery	23d. LOCATION (City, town, or county) Waynesville, Mo Rural
--	-----------------------------	---	---

24. FUNERAL DIRECTOR <i>Hedges</i> Hedges ADDRESS Mo Waynesville	25. DATE RECD. BY LOCAL REG. 8-22-60	26. REGISTRAR'S SIGNATURE <i>Cula</i> Cula
---	--	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence Moss

Licensed Embalmer No. 4896

P. O. Address Waymireville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.