

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-60-035811**

FILED VS SEP 2 2 1960 *394*

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. *71*

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Reynolds</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Webb Twnp</b>	Length of stay in 1b <b>1 day</b>	c. CITY OR TOWN <b>St. Louis</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Clearwater Lake</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3673 S. Broadway</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <b>Samuel Richard Farris</b>			4. DATE OF DEATH Month Day Year <b>8-27-1960</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>9-14-1924</b>	9. AGE (last birthday) <b>35</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>13</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chauffeur</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>St. L. Co. Health Dept</b>	11. BIRTHPLACE (City and state or country) <b>Iron Mountain, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	

13a. FATHER'S NAME <b>John Farris</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Cash</b>		14. NAME OF HUSBAND OR WIFE <b>Margaret Farris</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWII Dates Unkn.</b>		16. SOCIAL SECURITY NO. <b>Yes-No. Unkn.</b>		17. INFORMANT <b>Margaret Farris</b> Address <b>3673 S. Broadway St. Louis, Mo.</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>Accidental Drowning</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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)		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 checked="" type="checkbox"/> NO <input type="checkbox"/>	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>Victim fell out of boat and drowned</b>	
---	--	--	--

20c. TIME OF INJURY Hour <b>11 A.M.</b> a.m. <b>8-27-60</b> Month, Day, Year	
---	--

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.) <b>Clearwater Lake</b>	20f. CITY, TOWN, OR LOCATION <b>Near Ellington, Reynolds Co., Missouri</b>	COUNTY <b>Reynolds Co.</b>	STATE <b>Missouri</b>
---	--	---	-------------------------------	--------------------------

21. I attended the deceased from **Acting as Coroner** to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at **11 A.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Timothy Johnson</i> Acting Coroner	22b. ADDRESS <b>Centerville, Mo.</b>	22c. DATE SIGNED <b>8-27-60</b>
---	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8-30-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Marcus Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
--	-----------------------------	--	--

24. FUNERAL DIRECTOR <b>Pewitt Funeral Home, Ellington, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>Sept 3 '1960</b>	26. REGISTRAR'S SIGNATURE <i>Edna Jarvis</i>
--	---------	---	---

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 18 1960

**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 Chas S. Bennett

Licensed Embalmer No. 4574

P. O. Address Ellington, 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.