

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007279

STATE FILE NUMBER

Registration District No. 325

Primary Registration District No. 21480

Registrar's No. 9

AMENDED

FILED VS MAR 6 1961

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Greentop</u>	Length of stay in lb <u>2yrs.</u>	c. CITY OR TOWN <u>Downing</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Greentop Nursing Home</u>		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>David</u> Last <u>Farris</u>			4. DATE OF DEATH Month <u>February</u> Day <u>27</u> Year <u>1961</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-9-82</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>18</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Schuyler Co., Mo.</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Elias Dudley Farris</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Middleton</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Kethe, Lancaster, MO.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Clara Kethe, Lancaster, MO.</u>		

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
IMMEDIATE CAUSE (a) <u>Hypostatic Pneumonia</u>			<u>3 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Congestive Cardiac Failure</u>			<u>3 days</u>
DUE TO (c) <u>Cerebral Hemorrhage</u>			<u>3 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (if any) <u>Generalized Arthritis</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown

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.) <u></u>
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>	Month <u></u> Day <u></u> Year <u></u>	

20d. INJURY OCCURRED WHILE AT WORK <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.) <u>4/15/55</u>	20f. CITY, TOWN, OR LOCATION <u>Queen City Mo.</u>	COUNTY <u></u> STATE <u></u>
21. I attended the deceased from <u>4/15/55</u> to <u>2/27/61</u> and last saw <u>him</u> alive on <u>2/26/61</u> Death occurred at <u>3:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>Edward M. Roberts, M.D.</u>	(Degree or title)	22b. ADDRESS <u>Queen City Mo.</u>	22c. DATE SIGNED <u>2/27/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>March 1, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Lancaster Missouri</u>
24. FUNERAL DIRECTOR <u>Moore Funeral Home, Downing, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-1-61</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. A. J. Drake</u> <i>by Percy Roy Pep</i>

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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 Neal Payne

Licensed Embalmer No. 7550

P. O. Address Memphis, TN

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.