

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-010162

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Primary Registration District No. 4080 Registrar's No. 37

FILED MAR 26 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK  
OR  
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Carroll</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Carroll</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Norborne</b>		Length of stay in lb OR TOWN <b>55 yrs</b>	c. CITY OR TOWN <b>Norborne</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>106 East 4th</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>106 East 4th</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Harrison</b> Middle <b>Louis</b> Last <b>Farris</b>		4. DATE OF DEATH Month <b>March</b> Day <b>23</b> Year <b>1962</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>8-7-1892</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Coal &amp; Junk Dealer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Coal &amp; Junk</b>	9. AGE (last birthday) <b>69</b> IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HR: Hours <input type="checkbox"/> Min. <input type="checkbox"/>
11. BIRTHPLACE (City and state or country) <b>Kansas, Illinois</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>	
13a. FATHER'S NAME <b>John M. Farris</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Hood</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14. NAME OF HUSBAND OR WIFE <b>Mary Albrecht</b>	
16. SOCIAL SECURITY NO. <b>66-111-1001</b>		17. INFORMANT <b>Mr John Farris, Norborne Mo</b> Address	
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>Malignant Melanoma, right eye with generalized metastases.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>8 YRS.</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 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"/> s.m. <input type="checkbox"/> p.m.	Month, Day, Year		
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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>7-5-60</b> to <b>3-23-61</b> and last saw him alive on <b>9-23-61</b> Death occurred at <b>4:30 a.m.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE <b>Ralph E. Haskell, M.D.</b> (degree or title)		21b. ADDRESS <b>212 South Pine St. Norborne, Mo.</b>	21c. DATE SIGNED <b>3-23-62</b>
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	22b. DATE <b>3-24-1962</b>	22c. NAME OF CEMETERY OR CREMATORY <b>Sacred Heart Cemetery</b>	22d. LOCATION (City, town, or county) (State) <b>Norborne, Missouri</b>
23. FUNERAL DIRECTOR <b>Gibson Funeral Home Norborne, Mo.</b>		23a. ADDRESS	23b. DATE RECD. BY LOCAL REG. <b>3/24/62</b>
		23c. REGISTRAR'S SIGNATURE <b>Mr. Herbert C. ...</b>	

JUN 29 1968

**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 James F. Wilson

Licensed Embalmer No. 5076

P. O. Address Carrollton, 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.