

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026519

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 06 Primary Registration District No. 5329 Registrar's No. 18-1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUL 20 1962

1. PLACE OF DEATH
a. COUNTY Crawford
b. CITY (If outside corporate limits, give TOWNSHIP OR TOWN) Archeron Liberty Comp. hite
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION Stat Tite, Box 101

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. STATE Missouri b. COUNTY Crawford
c. CITY OR TOWN Archeron Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) Stat Tite, Box 101 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Fred Cullin Farris

4. DATE OF DEATH Month Day Year
July 14 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married
Widowed Divorced 8. DATE OF BIRTH 7-7-1898 9. AGE (last birthday) 77
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (City and state or country) Berryman, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Benj. York Farris 13b. MOTHER'S MAIDEN NAME Nancy Jane Stanford 14. NAME OF HUSBAND OR WIFE Julia Mae "Nee Woods"

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Julia Mae Farris, Stat Route, Box 101 Archeron, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:
PART I. IMMEDIATE CAUSE (a) Totally Exogenous Condition beginning in left foot and leg which had spread through circulatory system INTERVAL BETWEEN ONSET AND DEATH 2 wks
DUE TO (b) ADVANCED diabetes which condition had been ascertained by urine test 4 yrs
DUE TO (c) No diagnosis on attendance

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a)
Situation was investigated by Prof. J. P. Shaulkin, R.R. Dist. 86

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 _____ to _____ and last saw her/him alive on _____
Death occurred at 6:25 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harry M. Jonas 22b. ADDRESS Coroner, J. Steelville, Mo. 22c. DATE SIGNED 7/16/62

23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial 23b. DATE 7-17-1962 23c. NAME OF CEMETERY OR CREMATORY Lea Cemetery 23d. LOCATION (City, town, or county) (State) Keosauqua, Missouri

24. FUNERAL DIRECTOR Paul R. Shaulkin, Suba, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. July 16, 1962 26. REGISTRAR'S SIGNATURE Paul R. Shaulkin

USE BLACK INK OR TYPEWRITER RIBBON

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 *Paul C. Shantel*
Licensed Embalmer No. 3472

P. O. Address Cuba, 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.