

FILED AUG 5 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH  
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER

## CERTIFICATE OF DEATH

68 0028423

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 118VS 300  
Rev. 1/68DO NOT WRITE  
ON THIS STUB9. 0  
10a. 72  
10b.  
11. 1  
12. 1  
13. 4319  
14.  
15. 4  
16.  
17.  
18. 0  
19. CREDITS  
20. 1-04. 04255. 1USUAL RESIDENCE  
WHERE DECEASED  
LIVED. IF DEATH  
OCCURRED IN  
INSTITUTION, GIVE  
RESIDENCE BEFORE  
ADMISSION.6. 0425**DECEASED****PARENTS****CAUSE****CERTIFIER****BURIAL**

DECEASED—NAME 1. <b>THOMAS</b> <del>ROBERT</del> <b>FARRIS</b>		SEX 2. <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <b>July 27, 1968</b>
RACE (SPECIFY) 4. <b>White</b>	AGE—LAST BIRTHDAY (YEARS) 5a. <b>72</b>	UNDER 1 YEAR 5b. <b>MOS.</b>	UNDER 1 DAY 5c. <b>DAYS</b>
CITY, TOWN, OR LOCATION OF DEATH 7b. <b>Clinton</b>	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7c. <b>Yes</b>	DATE OF BIRTH (MONTH, DAY, YEAR) 6. <b>Nov 18, 1895</b>	COUNTY OF DEATH 7a. <b>Henry</b>
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>Illinois</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. <b>Married</b>	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. <b>Leta Heare</b>
SOCIAL SECURITY NUMBER <b>490-05-8926</b>	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. <b>Shovel Operator</b>	KIND OF BUSINESS OR INDUSTRY 13b. <b>Coal Mining</b>	
RESIDENCE—STATE 14a. <b>Missouri</b>	COUNTY 14b. <b>Henry</b>	CITY, TOWN, OR LOCATION 14c. <b>Clinton</b>	STREET AND NUMBER (SPECIFY YES OR NO) 14d. <b>Yes</b> 14e. <b>926 N. 3d St.</b>
FATHER—NAME 15. <b>Frank</b>	MOTHER—MAIDEN NAME 16. <b>Valarie</b>		
INFORMANT—NAME 17a. <b>Leta Farris</b>	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. <b>926 N. 3d St. Clinton, Mo. 64735</b>		
PART I. DEATH WAS CAUSED BY: 18. IMMEDIATE CAUSE (a) <b>cerebral hemorrhage</b> DUE TO, OR AS A CONSEQUENCE OF: CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST (b) (c)		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>48 hr.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) <b>Secondary anemia</b>		AUTOPSY (YES OR NO) 19a. <b>NO</b>	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a. <b>NO</b>	DATE OF INJURY (MONTH, DAY, YEAR) 20b. <b>NO</b>	HOUR 20c. <b>M.</b>	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.
INJURY AT WORK (SPECIFY YES OR NO) 21a.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 21b.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 21c.	
CERTIFICATION—PHYSICIAN: I ATTENDED HIM 22a. <b>1960</b> TO <b>7-27-68</b> DECEASED FROM 22b.	AND LAST SAW HIM/HER ALIVE ON 22c. <b>7-26-68</b>	I DID/DID NOT VIEW THE BODY AFTER DEATH. 22d.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. (HOUR) 22e. <b>4:10A</b>
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 23a.	HOUR OF DEATH 23b.	THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR 23c.	
CERTIFIER—NAME (TYPE OR PRINT) 23a. <b>HUGH B. WALKER, MD</b>	SIGNATURE 23b. <i>Hugh B. Walker, MD</i>	DATE SIGNED (MONTH, DAY, YEAR) 23c. <b>7-29-68</b>	
MAILING ADDRESS—CERTIFIER 24a. <b>706 S. 2nd</b>	STREET OR R.F.D. NO., CITY OR TOWN 24b. <b>Clinton</b>	STATE 24c. <b>Mo.</b>	ZIP 24d.
BURIAL, CREMATION, REMOVAL (SPECIFY) 25a. <b>Burial</b>	CEMETERY OR CREMATORY—NAME 25b. <b>Englewood</b>	LOCATION 25c. <b>Clinton,</b>	STATE 25d. <b>Missouri</b>
DATE (MONTH, DAY, YEAR) 26a. <b>July 29, 1968</b>	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 26b. <b>Consalus, 209 S. 2d St. Clinton, Missouri 64735</b>		
FUNERAL DIRECTOR—SIGNATURE 27a. <i>E. R. Conalus</i>	REGISTRAR—SIGNATURE 27b. <i>Mildred Begum</i>	DATE RECEIVED BY LOCAL REGISTRAR 27c. <b>7-29-68</b>	

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.  
Item #1 corrected by informant 8-14-68

AUG 9 1932

July 27, 1932

White

Clinton

Clinton

Clinton

Clinton

Clinton

Clinton, Mo.

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 Erwin B. Cousins

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.

Vertical text on the right edge of the page, possibly a file number or date stamp.