

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

 BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 2023 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton Genl Hosp - 0</u>		d. STREET ADDRESS (If rural, give location) <u>206 W Henry</u>	
3. NAME OF DECEASED (Type or Print) <u>FRANK EDMOND FARRIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 1 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 16 1868</u>
9. AGE (In years) (Months) (Days) <u>80 6 22</u>		10. BIRTHPLACE (State or foreign country) <u>Ind /</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
11. CITIZEN OF WHAT COUNTRY? <u>US</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Thomas E Farris</u>		13b. MOTHER'S MAIDEN NAME <u>Betty - ? -</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rolla Farris Clinton Mo</u> ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>36 hr.</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12-31</u> , 1948, to <u>1-1</u> , 1949, that I last saw the deceased alive on <u>12-31</u> , 1948, and that death occurred at <u>1:00</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>A. Walker, M.D.</u>		23b. ADDRESS <u>Clinton Mo</u>	
23c. DATE SIGNED <u>1-1-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1-2-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethelwood Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Conradus + Peck, Clinton Mo</u> ADDRESS	
DATE REC'D BY LOCAL REG. <u>1-2-49</u>		REGISTRAR'S SIGNATURE <u>R. R. Kennedy 120</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 11 1949

No. 800
10-48

RECEIVED

District Health Officer No. 7,

District File Number 12-48-155

Date Filed 1-14-49

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.

Signed A. R. Kenney

Signed _____
Student Embalmer

Licensed Embalmer No. 3099

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 this body is not embalmed, fact should be so stated above.