

FILED APR 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 9511

0582

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 277

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		0582	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>M. Larney Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>515 S. Baldwin</u>	
3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>MELTON</u> c. (Last) <u>FARRIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar-23-1950</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct-5-1873</u>
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>18</u> IF UNDER 4 WKS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Linnabago IA</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Milton Farris</u>		13b. MOTHER'S MAIDEN NAME <u>Barbee Holt</u>	13c. NAME OF HUSBAND OR WIFE <u>Bordie Farris</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. <u>486-12-3280</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bordie Farris</u> ADDRESS <u>Brookfield Mo</u>
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>Uremia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart failure</u> DUE TO (c) <u>Arteriosclerosis - marked</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>-</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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>Aug 1948</u> to <u>3-23</u> , 1950, that I last saw the deceased alive on <u>3-23</u> , 1950, and that death occurred at <u>1:30 AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Erwin T. Olson M.D.</u> (Degree or title)		23b. ADDRESS <u>Brookfield Mo</u>	23c. DATE SIGNED <u>3-25-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Mar-26-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>
DATE REC'D BY LOCAL REG. <u>3-28-50</u>	REGISTRAR'S SIGNATURE <u>W. B. Erwin</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bill Funeral Home</u> ADDRESS <u>Brookfield Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



**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 .....  
Student Embalmer

Signed

*J. H. Blacklock*

Licensed Embalmer No. *2246*

P. O. Address *Brookfield 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.