S. No. 300
v. 10-48

FILED NOV 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32949

BIRTH NO. 0210 1 REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5245 Registrar's No. 69

1. PLACE OF DEATH
a. COUNTY: Chariton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Keytesville, Twp.
c. LENGTH OF STAY (in this place): 32 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 Miles N. Of Keytesville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo. b. COUNTY: Chariton 0210
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Keytesville Twp 0
d. STREET ADDRESS (If rural, give location): 3 Miles N. Of Keytesville

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph b. (Middle): Nye c. (Last): Faris

4. DATE OF DEATH (Month) (Day) (Year): Oct. 24 1950

5. SEX: M 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 21-1857
9. AGE (In years last birthday): 93 IF UNDER 1 YEAR Months 7 Days 2 IF UNDER 24 HRS. 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 (State or foreign country): Kentucky 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Not, Known
13b. MOTHER'S MAIDEN NAME: Not, Known
14. NAME OF HUSBAND OR WIFE: Elizabeth Faris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Ted Faris, Keytesville, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage (Apoplexy) — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

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. 33 1X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 10, 1950, *to* Oct 24, 1950, *that I last saw the deceased alive on* Oct 22, 1950, *and that death occurred at* 4.10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl C. Weger M.D. 0
23b. ADDRESS: Keytesville, Mo.
23c. DATE SIGNED: 10/26/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: Oct 26 1950
24c. NAME OF CEMETERY OR CREMATORY: Roanoke Cemetery
24d. LOCATION (City, town, or county) (State): Roanoke, Mo.

DATE REC'D BY LOCAL REG.: 10-26-50
REGISTRAR'S SIGNATURE: [signature] 55 C
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Hyde & Garrett Keytesville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: OCT 3 0 1950
DISTRICT HEALTH OFFICE #2
District File Number 10-50-178
Date Filed:
OCT 3 1 1950

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 W. D. Garrett

Licensed Embalmer No. 3046

P. O. Address Key Largo, Fla.

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.