

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34675

State File No.

FILED NOV 10 1952

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2000

Registrar's No. 980

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. <u>980</u>	
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place township) <u>16 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield, Rural, S. 6ampbell</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>MOZARK OSTEOPATHIC HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>1521 Whiteside</u> <u>0370</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dessie</u>		b. (Middle) <u>Albert</u>		c. (Last) <u>Farris</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 31, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 25, 1903</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Garment Factory</u>		11. BIRTHPLACE (State or foreign country) <u>Strafford, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Elio Farris</u>		13b. MOTHER'S MAIDEN NAME <u>Janie Nation</u>		14. NAME OF HUSBAND OR WIFE <u>Opal Farris</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-03-4925</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ray Farris, Rockford, Ill. (204 6th St)</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary failure due to Cerebral Thrombosis, advanced degree of</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>arterial sclerosis.</u> DUE TO (c) <u>Hypertension.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>332X</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) m.		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>June, 1946</u> , to <u>10/31/52</u> , 19___, that I last saw the deceased alive on <u>10/31/52</u> , 19___, and that death occurred at <u>3:25 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. F. Youll</u>				23b. ADDRESS <u>234 1/2 E. Commercial</u>		23c. DATE SIGNED <u>10/31/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-2-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-3-52</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.W. KLINGNER & CO. SPRINGFIELD, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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APR 15 1953

STATE OF MISSOURI

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 _____
Student Embalmer

Signed *C. M. Stone Jr.*

Licensed Embalmer No. *4176*

P. O. Address *Springfield*

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.