

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27246
3547

BIRTH NO. 7972-52728-54 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If in institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY OR TOWN <u>Kansas City</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>Springfield</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 day</u>		e. STREET ADDRESS (If rural, give location) <u>621 So Hampton 0290</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>W. H. King's Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Victor</u> (Middle) <u>John</u> c. (Last) <u>Farris II</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-20-54</u>	
5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never born</u>	8. DATE OF BIRTH <u>7-18-1954</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>never born</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>
13a. FATHER'S NAME <u>Victor John Farris</u>		13b. MOTHER'S MAIDEN NAME <u>Leannette Melissa Bryant</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>-</u> (If yes, give war or dates of service) <u>-</u>		16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W. J. Farris</u> ADDRESS <u>621 So Hampton, Springfield 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>Prematurity</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. <u>Interventricular Septal Defect</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>23 hrs</u> <u>55 min</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		

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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 7-18, 1954, to 7-20, 1954, that I last saw the deceased alive on 7-20, 1954 and that death occurred at 1:00 p m., from the causes and on the date stated above.

23a. SIGNATURE <u>Mary C. Colglazier MD</u> (Degree or title)	23b. ADDRESS <u>5100 E 24 St</u>	23c. DATE SIGNED <u>7-20-54</u>
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24a. BURIAL, CREMA-TION, OR RECOVERY (Specify) <u>BURIAL</u>	24b. DATE <u>7-21-54</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-21-54</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>DW NEWSOMER'S SON'S</u> ADDRESS <u>K.C. Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOVAL

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..... *Chester K. B. Zrae*

Licensed Embalmer No. *492*

P. O. Address..... *K.P. M.*

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.