No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 23 1955

State File No. 17578

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6287 Registrar's No. 107

1. PLACE OF DEATH
a. COUNTY: WRIGHT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pleasant Valley-Rural
c. LENGTH OF STAY (in this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: WRIGHT
c. CITY OR TOWN: CEDAR GAP.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): Mo 1140

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): E
c. (Last): FARIS

4. DATE OF DEATH (Month) (Day) (Year): 4-16-55

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JAN 3 1874
9. AGE (In years on last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOME
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (City and State or Foreign Country): KANSAS
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: George Rufens
13b. MOTHER'S MAIDEN NAME: amelia Flemmy
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Ashley Faris
ADDRESS: Cedar Gap 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) Carcinoma uterus — INTERVAL BETWEEN ONSET AND DEATH: 1 Year

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: 174 x
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* July 54, 19__, *to* April 16, 19 55, *that I last saw the deceased alive on* Mar 16 19 55, *and that death occurred at* 12:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. Zimmerman
(Degree or title): D.O.
23b. ADDRESS: Mansfield Mo
23c. DATE SIGNED: 4-23-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-21-55
24c. NAME OF CEMETERY OR CREMATORY: Cedar Gap
24d. LOCATION (City, town, or county) (State): Webster Co Mo

DATE REC'D BY LOCAL REG.: 5/10/55
REGISTRAR'S SIGNATURE: [illegible] 384
FUNERAL DIRECTOR'S SIGNATURE: Robert Bergman
ADDRESS: Seymour Mo

(Licensed Embalmer's Statement on Reverse Side)

County File Number 55-62
Date Filed MAY 21 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Max L Miller

Licensed Embalmer No. 47

P. O. Address Mansfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.