

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26492

State File No. _____

No. 300
10.48

FILED AUG 21 1956

BIRTH NO. _____		REG. DIST. NO. <u>110</u>	PRIMARY REG. DIST. NO. <u>4182</u>	Registrar's No. <u>49</u>
1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). - a. STATE MISSOURI b. COUNTY FRANKLIN		
b. CITY (If outside corporate limits, write RURAL and give town) NEW HAVEN		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN NEW HAVEN	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. STREET ADDRESS (If rural, give location) 0360		
3. NAME OF DECEASED a. (First) JOSEPH L		b. (Middle) LYNN	c. (Last) FARRIS	4. DATE OF DEATH (Month) (Day) (Year) AUG. 14, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH April 18, 1890	9. AGE (In years last birthday) 66
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Government Employee		10b. KIND OF BUSINESS OR INDUSTRY Govt. River Work	11. BIRTHPLACE (City and State or Foreign Country) Orrick Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Harvey Farris		13b. MOTHER'S MAIDEN NAME Sarah Nevins	14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 498-30-6402	17. INFORMANT'S SIGNATURE OR NAME Mr. Clarence Briemonth ADDRESS New Haven 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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cardio-renal-vascular renal disease		INTERVAL BETWEEN ONSET AND DEATH 6 yrs.
		ANTECEDENT CAUSES 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 442X		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>2/30</u> , 19 <u>50</u> , to <u>8/13</u> , 19 <u>56</u> that I last saw the deceased alive on <u>8/13</u> , 19 <u>56</u> , and that death occurred at <u>1:00pm.</u> , from the causes and on the date stated above.				
23a. SIGNATURE B. P. Wiseman		(Degree or title) M.D.	23b. ADDRESS New Haven, Missouri	23c. DATE SIGNED 8/16/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-16-1956	24c. NAME OF CEMETERY OR CREMATORY New Haven Cemetery	24d. LOCATION (City, town, or county) (State) New Haven Mo.
DATE REC'D BY LOCAL REG. 8/16/56		REGISTRAR'S SIGNATURE Nettie Murphy		25. EMPLOYER'S SIGNATURE L. C. Selig ADDRESS New Haven Mo.

(Licensed Emballer's Statement on Reverse Side)

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

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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 *Carl Fertig*.....

Licensed Embalmer No. *3383*

P. O. Address *Genoa, N.J.*

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.