No. 300
10.48

FILED OCT 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31363

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 57VS Registrar's No. 192

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hudson
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): Still-Hildreth Sana.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Valley Twp.
d. STREET ADDRESS (If rural, give location): 5 miles n. of New Cambria

3. NAME OF DECEASED (Type or Print)
a. (First): Annalee
b. (Middle):
c. (Last): Farris

4. DATE OF DEATH (Month) (Day) (Year): Sep. 24. 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: March 19, 1889
9. AGE (In years last birthday): 67 — If under 1 year: Months 6, Days 5 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Ethel, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Pink Cook
13b. MOTHER'S MAIDEN NAME: Matilda Ricks
14. NAME OF HUSBAND OR WIFE: Herman Farris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: No.
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs. Luther E. Trapp, San Antonio, Texas

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) Uremia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) advanced Arteriolar Nephrosclerosis

DUE TO (c) Arteriosclerosis

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: 446x
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* Sept. 8, 1956, *to* Sept. 24, 1956, *that I last saw the deceased alive on* Sept. 24, 1956, *and that death occurred at* 2:20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harry S. Still D.O.
23b. ADDRESS: Macon, Missouri
23c. DATE SIGNED: Sept. 24, 1956

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sep. 25, 1956
24c. NAME OF CEMETERY OR CREMATORY: White Oak Cemetery
24d. LOCATION (City, town, or county) (State): 5 mi. N. of New Cambria

DATE REC'D BY LOCAL REG.: 9/28/56
REGISTRAR'S SIGNATURE: Ruth McCreely
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: H. P. Gilleland. New Cambria, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Date 10.8.56

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 Howard F Myers

Signed.....
Student Embalmer

Licensed Embalmer No. 4494

P. O. Address Macon N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.