

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 11 1956

State File No. **38524**

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5590 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Big River Township</u>	c. LENGTH OF STAY (in this place) <u>5 months</u>	c. CITY OR TOWN <u>Grubville Mo</u>	d. Residence within limits of a city or incorporated town Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grubville Mo</u>		f. STREET ADDRESS (If none give location) <u>Big River Township 0567</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANDERSON</u> b. (Middle) <u>P.</u> c. (Last) <u>FARRIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 - 2 - 56</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>Sept 9-1873</u>
9. AGE (in years last birthday) <u>83</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber Dealer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Reynolds Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Lucas Farris</u>	
13b. MOTHER'S MAIDEN NAME <u>Anna Carter</u>		14. NAME OF HUSBAND OR WIFE <u>Stella McNeil</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>Yes</u>	16. SOCIAL SECURITY NO. <u>487-22-7244</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Louise Everett Grubville 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>Senile Psychosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u> <u>years</u> DUE TO (c) <u>Pyelonephritis</u> <u>2 months</u> 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 <u>334x</u>		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>10-10</u> , 19 <u>56</u> to <u>12-3</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>11-23</u> , 19 <u>56</u> , and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. W. E. Kitchell M.D.</u>		23b. ADDRESS <u>St. Clair Mo</u>	23c. DATE SIGNED <u>12/4/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/5/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Summit Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Co - Mo.</u>
DATE REC'D BY LOCAL REG. <u>12-4-56</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Oliver B. Buehler Dep. Director</u> <u>Brunner Funeral Home</u> <u>House Springs Mo</u>		

(Licensed Embalmers' Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

DEC 8 1956

DEC 11 1956

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.....

Licensed Embalmer No. 1470

P. O. Address Home Springs

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.