

FILED FEB 11 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

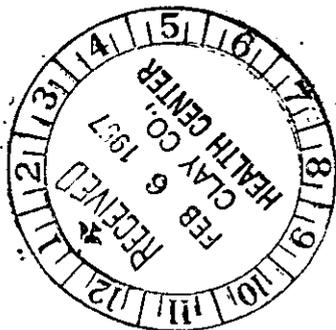
State File No. **632**

BIRTH NO. _____		REG. DIST. NO. <b>71</b>		PRIMARY REG. DIST. NO. <b>3012</b>		Registrar's No. <b>1</b>	
1. PLACE OF DEATH a. COUNTY <b>Clay</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>			
b. CITY OR TOWN <b>Excelsior Springs</b>		c. LENGTH OF STAY (in this place) <b>4 hours</b>		c. CITY OR TOWN <b>Orrick</b>		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 <b>Excelsior Springs Hospital</b>				e. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) <b>LAWRENCE FARRIS</b>			a. (First)			b. (Middle)	
c. (Last)			4. DATE OF DEATH <b>Jan. 2, 1957</b>			5. SEX <b>Male</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>June 13, 1886</b>		9. AGE (In years last birthday) <b>70</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Orrick, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Harve Farris</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Ann Nevins</b>		14. NAME OF HUSBAND OR WIFE <b>Never married</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Don Pigg, Orrick, Missouri</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>3rd degree burn</b>  ANTECEDENT CAUSES <b>Toxemia</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, on farm, factory, street, office building, etc.) <b>at home</b>		21c. (CITY, TOWN, OR TOWNSHIP) <b>Richmond Mo.</b>		(COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Jan 2-1957</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>burning on bed</b>			
22. I hereby certify that I attended the deceased from <b>2:00 PM, 1957</b> to <b>9:20 PM, 1957</b> , that I last saw the deceased alive on <b>1-2-57</b> , and that death occurred at <b>9:20 PM</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>[Signature]</b>				23b. ADDRESS <b>Richmond</b>		23c. DATE SIGNED <b>1-5-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-4-1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>County Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Richmond, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>1-27-57</b>		REGISTRAR'S SIGNATURE <b>Barlene Hutchings</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas J. Carter</b>		ADDRESS <b>Richmond, Mo</b>	

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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: *Thomas J. Carter*

Licensed Embalmer No. 4474.....

P. O. Address Richmond, Mo.

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.