

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015134

State File No. ....

FILED MAY 12 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 5-545 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY <u>Madaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>California</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Atchison Twp.</u>		c. LENGTH OF STAY (In this place) <u>inst.</u>	c. CITY OR TOWN <u>Lompoc</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 1/2 miles east Clearmont</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <u>unknown</u>		(If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>BOBBIE</u>	b. (Middle) <u>DEAN</u>	c. (Last) <u>FARRIS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5 2 58</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>never married</u>	8. DATE OF BIRTH <u>4/6/37</u>	9. AGE (In years last birthday) <u>21</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Airman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>U. S. Air Force</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>unknown</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Kennard Farris</u>	13b. MOTHER'S MAIDEN NAME <u>Faye ?</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or date of service) <u>now serving</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Donna Watkins, Omaha, Nebr.</u>	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Cervical Spine</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>automobile accident</u> 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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident Highway</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Northwest Madaway Co. Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 2 58 5</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>automobile accident</u>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to 5/2, 1958, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. F. Gland</u> (Degree or title) _____	23b. ADDRESS <u>Maryville, Missouri</u>	23c. DATE SIGNED <u>5/3/58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>5/3/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>unknown</u>	24d. LOCATION (City, town, or county) (State) <u>(unknown) Calif.</u>
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DATE REC'D BY LOCAL REG. <u>5-10-58</u>	REGISTRAR'S SIGNATURE <u>Bess Holt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Price Funeral Home, Maryville, Mo.</u>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 20 1958

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 *Clara M. Pisci*.....

Licensed Embalmer No. *182*

P. O. Address *Manville*.....

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.