

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN - 4 1960

'59 043710
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 361

RENDED

1. PLACE OF DEATH a. COUNTY <u>Colo</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MILLER</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson-City</u>		Length of stay in 1b <u>8 days</u>		c. CITY OR TOWN <u>Eugene</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St-Mary's-Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1 1/2 mi - W - Eugene</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>LAWRENCE - Edward - FARRIS</u>				4. DATE OF DEATH Month Day Year <u>Dec - 25 1959</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11 JUNE - 1926 - 23</u>		9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer -</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>General-Farming</u>		11. BIRTHPLACE (City and state or country) <u>MILLER - Co - Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		
13a. FATHER'S NAME <u>LAWRENCE - E - FARRIS</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZA - JANE - Winters -</u>			14. NAME OF HUSBAND OR WIFE <u>NONE</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>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>LAWRENCE - E - FARRIS -</u>			Address <u>EUGENE MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Pulmonary Edema</u>							INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>		
Conditions, if any, which gave rise above cause (a), stating the underlying cause last.		DUE TO (b) <u>Hypertensive Heart Disease</u>					<u>3 yrs</u>		
		DUE TO (c) <u>Hemorrhagic Vascular (Diabetes)</u>					<u>10 yrs</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>NONE</u>					
20c. TIME OF INJURY Hour a.m. p.m. <u>NONE</u>									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>		20f. CITY, TOWN, OR LOCATION <u>NONE</u>		COUNTY		STATE	
21. I attended the deceased from <u>1/15/57</u> to <u>12/25/59</u> and last saw her/him alive on <u>12/25/59</u>				Death occurred at <u>7:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>Jefferson - City - Mo</u>				22c. DATE SIGNED <u>26 Dec - 59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL -</u>		23b. DATE <u>27 Dec - 59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Spring - Garden</u>		23d. LOCATION (City, town, or county) <u>MILLER - Co - Mo</u>		(State)	
24. FUNERAL DIRECTOR <u>Keith M Kays.</u> ADDRESS <u>ELDON - Mo</u>				25. DATE RECD. BY LOCAL REG. <u>26 December 1959</u>		26. REGISTRAR'S SIGNATURE <u>R. D. [Signature]</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Keith M. Kaye

Licensed Embalmer No. 3998

P. O. Address Eldon

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.