

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 25 1960

=60-031697

STATE FILE NUMBER

Registration District No. 296 Primary Registration District No. 6017 Registrar's No. 8

| | | | | | |
|---|----------------------------------|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Ray | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Camden Township | | Length of stay in 1b 56 years | c. CITY OR TOWN Fleming | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hiway 210 | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) State Hiway 210 | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First LORENA Middle --- Last FARRIS | | | 4. DATE OF DEATH Month August Day 15 Year 1960 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3/3/1904 | 9. AGE (last birthday) 56 | IF UNDER 1 YEAR Months --- Days --- 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 Own home | 11. BIRTHPLACE (City and state or country) Camden, Missouri | | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
| 13a. FATHER'S NAME Victor Walker | | 13b. MOTHER'S MAIDEN NAME Susie Murphy | | 14. NAME OF HUSBAND OR WIFE Lester Farris | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Lester Farris, Fleming, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION DUE TO (b) CHRONIC MYOCARDITIS? DUE TO (c) --- PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arterio-sclerosis | | | | | INTERVAL BETWEEN ONSET AND DEATH LAST |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) --- | |
| 20c. TIME OF INJURY Hour --- a.m. --- p.m. --- | | 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.) --- | |
| 20f. CITY, TOWN, OR LOCATION --- | | 20g. COUNTY --- | | 20h. STATE --- | |
| 21. I attended the deceased from 8-1-60 to 8-15-60 and last saw her/him alive on 8-14-60 Death occurred at 12:20 p. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE E. B. Long MD | | | 22b. ADDRESS Richmond, Mo. | | 22c. DATE SIGNED 8-16-60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Aug. 17, 1960 | 23c. NAME OF CEMETERY OR CREMATORY Richmond Memory Gardens | | 23d. LOCATION (City, town, or County) Richmond, Mo. |
| 24. FUNERAL DIRECTOR Thurman Funeral Home, Richmond, Mo. | | 25. DATE RECD. BY LOCAL REG. 8-23-60 | | 26. REGISTRAR'S SIGNATURE Walter J. Larkin | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

