MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-016763

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4390 STATE FILE NUMBER

FILED MAY 10 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / DOCUMENT / BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS MO — Length of stay in 1b 8½ YR

c. CITY OR TOWN ST. LOUIS — Inside Limits Yes ☑ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 6568 SCANLAN — Inside Limits Yes ☑ No ☐

d. STREET ADDRESS (If outside, give location) 6568 SCANLAN — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First OLIO Middle — Last FARRIS

4. DATE OF DEATH Month 4 Day 27 Year 1962

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐

8. DATE OF BIRTH 11-21-1871

9. AGE (last birthday) 90 — IF UNDER 1 YEAR Months — Days — IF UNDER 24 HR 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 NONE

11. BIRTHPLACE (City and state or country) LINCOLN, ILL

12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME DANIEL BAKER

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE FRANK FARRIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT Address CECIL MOLITOR 6568 SCANLAN

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Generalized Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH Yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 450.0

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. ☐ Yes ☒ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1955 to Apr 27, 62 and last saw her/him alive on April 27, 1962
Death occurred at 12:40 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D.

22b. ADDRESS 1211 S Brentwood

22c. DATE SIGNED 4-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

23b. DATE 4-30-1962

23c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY

23d. LOCATION (City, town, or county) (State) ST. CHARLES MO

24. FUNERAL DIRECTOR ADDRESS HOWARD H. MICHEL 5930 SOUTHWEST

25. DATE RECD. BY LOCAL REG. APR 28 1962

26. REGISTRAR'S SIGNATURE Karl Smith. M.D. ✓

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 Herbert J. Gau Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22, 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.