

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-021693

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 352 Primary Registration District No. _____ Registrar's No. 39

FILED MAY 21 1962

VS 300
Rev. 4/59

1	1660
2	1040
3	2
4	0
5	1
6	
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9	9420.1
10	
11	
12	91-3
13	1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Stone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Branson		c. CITY OR TOWN Reed Springs Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION on highway 65 on way to Hosp.		d. STREET ADDRESS (If outside, give location) Highway 65 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last DAVID ALEXANDER FARIS		4. DATE OF DEATH Month Day Year May 16, 1962	
5. SEX male	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 10/3/1891
9. AGE (last birthday) 70		IF UNDER 1 YEAR Months 7 Days 13	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant		10b. KIND OF BUSINESS OR INDUSTRY variety store	11. BIRTHPLACE (City and state or country) Mt. Vernon, Mo
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Joseph Faris	
13b. MOTHER'S MAIDEN NAME Prudence Malott		14. NAME OF HUSBAND OR WIFE Inez Faris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	
17. INFORMANT Address Mrs Inez Faris Reed Springs, 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 Thrombosis Unknown Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 	
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 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 Month, Day, Year 		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
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 7:00 a.m. to 3:45 p.m. and last saw her/him alive on 5/17/62 . Death occurred at 3:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Walter Cobb Coroner		22b. ADDRESS Branson Mo	
22c. DATE SIGNED 5/17/62		23. LOCATION (City, town, or county) (State) Reeds Springs, Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 5/20/62	23c. NAME OF CEMETERY OR CREMATORY Yocum Pond	23d. LOCATION (City, town, or county) (State) Reeds Springs, Mo
24. FUNERAL DIRECTOR ADDRESS Walter Cobb Branson, Mo		25. DATE RECD. BY LOCAL REG. 5-19-62	26. REGISTRAR'S SIGNATURE Helew Campbell

MAY 27 1962

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 Walter Cook

Licensed Embalmer No. 4731

P. O. Address Bismarck, 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.