F.S. No. 200
Rev. 10.48

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

FILED JUN 9 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

15533

State File No.

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4025 Registrar's No. 65

**1. PLACE OF DEATH**
a. COUNTY: BARRY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wheaton
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wheaton Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: BARRY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wheaton 0050
d. STREET ADDRESS (If rural, give location): ✓ 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): ALMA
b. (Middle): EDNA
c. (Last): FARLEY

**4. DATE OF DEATH** (Month) (Day) (Year): MAY 29 1952

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED
**8. DATE OF BIRTH**: March 1 1888
**9. AGE** (In years last birthday): 64 — If under 1 year: Months 2, Days 22 — If under 24 hrs.: 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**: Housewife
**11. BIRTHPLACE** (City and State or Foreign Country): Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.
**13a. FATHER'S NAME**: William Corn
**13b. MOTHER'S MAIDEN NAME**: unknown
**14. NAME OF HUSBAND OR WIFE**: Bert Farley
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): None
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Bert Farley, Wheaton — ADDRESS: Mo

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Coronary Thrombosis — 24 hrs

DUE TO (c) Circulatory Debility — Years

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Gall Stone Colic — 11

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION** H201
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 5/28, 1952, to 5/29, 1952, that I last saw the deceased alive on 5/29, 1952, and that death occurred at 8:00 A.m. from the causes and on the date stated above.

**23a. SIGNATURE**: James L. Holmes (Degree or title) D.O.
**23b. ADDRESS**: Wheaton, Mo
**23c. DATE SIGNED**: 5/31/52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: June 1st 1952
**24c. NAME OF CEMETERY OR CREMATORY**: Rocky Comfort Cemetery
**24d. LOCATION** (City, town, or county) (State): Rocky Comfort Missouri

**DATE REC'D BY LOCAL REG.**: 6-2-1952
**REGISTRAR'S SIGNATURE**: Grace Williams 16-0
**25. FUNERAL DIRECTOR'S SIGNATURE**: Wm. Marvin Rogers — **ADDRESS**: Wheaton Mo

(Licensed Embalmer's Statement on Reverse Side)

## 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 .....
Student Embalmer

Signed James Kenyth Duncan

Licensed Embalmer No. 4767

P. O. Address Wheaton 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 this body is not embalmed, fact should be so stated above.