

THE DIVISION OF HEALTH OF MISSOURI

4616

15323-54 STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. FILED FEB 17 1954 REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>			2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Grundy</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>		c. LENGTH OF STAY (In this place) <u>1 da</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u> 8402		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cullers Hospital</u>			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) a. (First) <u>LESLIE</u> b. (Middle) <u>JAY</u> c. (Last) <u>FARLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-1-54</u>		
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5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>✓</u>	8. DATE OF BIRTH <u>1-31-1954</u>	9. AGE (In years last birthday) <u>7</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u> IF UNDER 2 HRS. Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Trenton mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>J L Farley</u>		13b. MOTHER'S MAIDEN NAME <u>Uella Rose Newton</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J L Farley Trenton mo</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Pre mature birth</u>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pre mature birth</u>			INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>baby was possibly 6 months old.</u>			
	DUE TO (c)			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>776X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 8:30 am 1954, to 12:01 PM 54, that I last saw the deceased alive on 12-31-1954, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) <u>A W Eitel M.D.</u>		23b. ADDRESS <u>Galt mo</u>	23c. DATE SIGNED <u>Feb 1-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-3-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Berry Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Galt mo</u>
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DATE REC'D BY LOCAL REG. <u>2-3-54</u>	REGISTRAR'S SIGNATURE <u>Jane Jain</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R K Raymond</u>	ADDRESS <u>Galt mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

15323-54

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *PK Payne Jr*

Licensed Embalmer No. *3400*

P. O. Address *Galt*

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.