

FILED AUG 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26150

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 5001 Registrar's No. 233

1. PLACE OF DEATH
a. COUNTY ADAIR
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - CLAY
c. LENGTH OF STAY (In this place) 56 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION SMITH OF ADAIR MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY ADAIR
c. CITY OR TOWN _____
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) 3 MI NW ADAIR MO

3. NAME OF DECEASED (Type or Print)
a. (First) LEO b. (Middle) CLARENCE c. (Last) FARLEY

4. DATE OF DEATH (Month) (Day) (Year)
AUG. 15 1954

5. SEX M 6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH DEC. 28 1897

9. AGE (In years last birthday) 56 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER

10b. KIND OF BUSINESS OR INDUSTRY GEN. FARMING

11. BIRTHPLACE (City and State or Foreign Country) ADAIR CO. MISSOURI

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME THOMAS FARLEY

13b. MOTHER'S MAIDEN NAME AGNES WELCH

14. NAME OF HUSBAND OR WIFE CONSTANCE QUINN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. ✓

17. INFORMANT'S SIGNATURE OR NAME ADDRESS CONSTANCE QUINN FARLEY-BRASHEAR

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

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion
INTERVAL BETWEEN ONSET AND DEATH 3 min
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
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 _____

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)
4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2 3/4 m., from the causes and on the date stated above.

23a. SIGNATURE Robert B. Davis (Degree or title) CORNER

23b. ADDRESS Kirkville (Adair Co) Mo.

23c. DATE SIGNED 8-15-54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE AUG. 19 1954

24c. NAME OF CEMETERY OR CREMATORY ST. MARY'S

24d. LOCATION (City, town, or county) (State) ADAIR MISSOURI

DATE REC'D BY LOCAL REG. 8-20-54

REGISTRAR'S SIGNATURE Kate Lambert

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas H. Casper, Hurdland Mo.

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

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 *Geo B Casley Jr.*
Licensed Embalmer No. *375*
P. O. Address *Hurdell*

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.