

FILED JUN 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15023**

BIRTH NO. _____		REG. DIST. NO. 82		PRIMARY REG. DIST. NO. 3017		Registrar's No. 55					
1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Kansas				b. COUNTY Marshall			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Boonville)			c. LENGTH OF STAY (in this place) 2 Days.	c. CITY OR TOWN Marysville			d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Hickam Residence, 732-4th.				STREET ADDRESS (If rural, give location) St. ???				815 8			
3. NAME OF DECEASED (Type or Print) a. (First) Ivy			b. (Middle) Riley		c. (Last) Farrar.		4. DATE OF DEATH (Month) (Day) (Year) May 29 1955				
5. SEX Female		6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH January 26 1885		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own Home			11. BIRTHPLACE (City and State or Foreign Country) Lenexa, Kans.			12. COUNTRY OF WHAT COUNTRY? USA		
13a. FATHER'S NAME J. F. Riley				13b. MOTHER'S MAIDEN NAME Eli-abeth L. Williams				14. NAME OF HUSBAND OR WIFE Henry Farrar.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry Farrar, Sr. Marysville, Kans.					
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Infarct 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. Had Breast removed 1 yr ago								INTERVAL BETWEEN ONSET AND DEATH 3 hrs	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) 4/201 H						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? _____						
22. I hereby certify that I attended the deceased from 5-29 , 19 55 , to 5-29 , 19 55 , that I last saw the deceased alive on 5-29 , 19 55 , and that death occurred at 6:25 Am. , from the causes and on the date stated above.											
23a. SIGNATURE T C Beckett MD (Degree or title)				23b. ADDRESS Boonville Mo				23c. DATE SIGNED 5-29-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 31 1955		24c. NAME OF CEMETERY OR CREMATORY Marysville		24d. LOCATION (City, town, or county) (State) Marysville, Kans.					
DATE REC'D BY LOCAL REG. 6/3/55		REGISTRAR'S SIGNATURE De Hooper 381-				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 13 1984

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... *William N. Wood*

Licensed Embalmer No... *45*

P. O. Address *Boonville,*

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.