

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 541		Registrar's No. 2227			
1. PLACE OF DEATH a. COUNTY St. Louis County, Mo.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) CLAYTON		c. LENGTH OF STAY (In this place) D.D.A.		c. CITY OR TOWN WOODSON TERRACE		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST LOUIS CO HOSPITAL				e. STREET ADDRESS (If rural, give location) 9630 Lilly Jean Drive					
3. NAME OF DECEASED (Type or Print) Joseph Stockton FARLEY			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH		5. SEX Male		6. COLOR OR RACE White U.S.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 30, 1920	
9. AGE (In years last birthday) 35		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U. S. Navy			10b. KIND OF BUSINESS OR INDUSTRY Aviator		11. BIRTHPLACE (City and State or Foreign Country) Boise, Idaho			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Allen C. Farley			13b. MOTHER'S MAIDEN NAME NANCY L SARGENT			14. NAME OF HOUSEWIFE Mary M. Farley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary M. Farley - 9630 Lilly Jean					
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) Multiple traumatic injuries, suffered while operating a jet plane which had left Lambert Field just a few seconds and was a few hundred feet high, and on account of some undetermined mechanical failure, crashed and exploded in a field.						INTERVAL BETWEEN ONSET AND DEATH	
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Near Lambert Field		21c. (CITY, TOWN, OR TOWNSHIP) Florissant		(COUNTY) St. Louis		(STATE) Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) 24 Sept 1955		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Aircraft collision with ground.					
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 _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <i>Ernest J. Willmann, Coroner</i>				23b. ADDRESS Clayton, Mo.		23c. DATE SIGNED 9/26/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 9-27-55		24c. NAME OF CEMETERY OR CREMATORY Local		24d. LOCATION (City, town, or county) JACKSONVILLE FLORIDA			
DATE REC'D BY LOCAL REG. 9-26-55		REGISTRAR'S SIGNATURE <i>Herbert R. Dowd</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS EARL HILMAN FUNERAL HOME 9109 BLACKLAND				

S.C.

(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.....
Signature of Student Embalmer

Signed *Evan J. Hillerman*.....

Licensed Embalmer No. *350*

P. O. Address *Orellana*

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.