

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7938**
Registrar's No. **81**

FILED MAR 28 1956

BIRTH NO.		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 500		Registrar's No. 81		
1. PLACE OF DEATH a. COUNTY ADAIR				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ADAIR				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAY TWP		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN BRASHEAR RFD		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 9 MI N BRASHEAR				STREET ADDRESS (If rural, give location) 9 MI N BRASHEAR				
3. NAME OF DECEASED (Type or Print) a. (First) MICHAEL b. (Middle) STEPHEN c. (Last) FARLEY			4. DATE OF DEATH (Month) (Day) (Year) MARCH 15 1956					
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH NOV. 3 1951	9. AGE (In years last birthday) 4	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY MO		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME JOHN DANIEL FARLEY		13b. MOTHER'S MAIDEN NAME HELEN QUIGLEY		14. NAME OF HUSBAND OR WIFE NONE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOHN D. FARLEY BRASHEAR 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive broncho-pneumonia INTERVAL BETWEEN ONSET AND DEATH 3-14-56 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anemia DUE TO (c) Chronic lymphatic leukemia INTERVAL BETWEEN ONSET AND DEATH 1-11-56 11. 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)		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) (Min.)		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 Feb. 14, 1956 , to March 1, 1956 , that I last saw the deceased alive on March 1, 1956 , and that death occurred at 6:50 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) William C. Kelley, M.D.				23b. ADDRESS Kirkville, Missouri		23c. DATE SIGNED 3-17-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3/17 1956	24c. NAME OF CEMETERY OR CREMATORY ST. MARY'S		24d. LOCATION (City, town, or county) (State) ADAIR MO			
DATE REC'D BY LOCAL REG. 3-20-56		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo E. Esely Brashear 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. H. Massey Jr.

Licensed Embalmer No. *375*

P. O. Address.....
Lundland

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.