

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009919

STATE FILE NUMBER

FILED APR 15 1959

Registration District No. 155 Primary Registration District No. 5578 Registrar's No. 55

300
-57

4

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper		
b. CITY OR TOWN Joplin Township		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION Hope Manor Rest Home 2 Mo		Length of stay in 1b	d. STREET ADDRESS 1213 Kentucky		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MINNIE PEARL FARLEY			4. DATE OF DEATH Month Day Year APRIL 3 1959		
5. SEX FE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 29, 1876	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Day Hours Min. 6 4 -- --
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10b. KIND OF BUSINESS OR INDUSTRY in her own Home	11. BIRTHPLACE (City and state or country) KOKOMO Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Phillip Farley		13b. MOTHER'S MAIDEN NAME SENETH ROREY		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs Lucy McFarlin RR# Columbus, Kans	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 331X			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Dec 1, 1956 to April 2, 1959 and last saw her alive on April 2, 1959 Death occurred at 5:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE John M. Douglas M.D.			22b. ADDRESS 216 Walnut Joplin Mo		22c. DATE SIGNED 4/3/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-4-1959	23c. NAME OF CEMETERY OR CREMATORY Forest Park		23d. LOCATION (City, town, or county) (State) Joplin Missouri
24. FUNERAL DIRECTOR SHIGLEY FUNERAL HOME, McCUNE, KAN.		25. DATE RECD. BY LOCAL REG. 4-6-59		26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.
John W. Douglas, M.D.

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 *Ray Shibley*

Licensed Embalmer No. *3117*
P. O. Address *M. C. Coulter*

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.