

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

0470

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

BIRTH NO. _____ REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 5566 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Iron</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Iron</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 mi. S.W. of Bellevue</u>		d. STREET ADDRESS (If rural, give location) <u>8 mi. SW of Bellevue</u>	
3. NAME OF DECEASED a. (First) <u>LOUISA</u> b. (Middle) <u>JANE</u> c. (Last) <u>FARLEY</u>			4. DATE OF DEATH <u>Feb. 27 1952</u>
5. SEX <u>fem</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Feb. 17 1870</u>
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Reynolds Co. Mo.</u>
12. CITIZENRY? <u>USA</u>		13a. FATHER'S NAME <u>John Light</u>	
13b. MOTHER'S MAIDEN NAME <u>Lucy Schrum</u>		14. NAME OF HUSBAND OR WIFE <u>Geo. A. Farley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mintie Fitzgerald, Bellevue Mo</u>			
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) <u>Lobar Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial Asthma</u> DUE TO (c) <u>Paralysis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>490x</u>	
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) m.		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 <u>Nov 1, 1948</u> to <u>July 17, 1952</u> , that I last saw the deceased alive on <u>July 15, 1952</u> , and that death occurred at <u>7:25A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Describe or title) <u>F. W. Gale MD</u>		23b. ADDRESS <u>Bismarck Mo</u>	
23c. DATE SIGNED <u>2-18-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2-19-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Eidson Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Bellevue Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 21-1952</u>		REGISTRAR'S SIGNATURE <u>Mrs Elizabeth Logan</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u>		ADDRESS <u>Iron ton Mo.</u>	

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
Student Embalmer

Signed Lyle A. White

Licensed Embalmer No. 4295

P. O. Address Clinton, Mo

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 this body is not embalmed, fact should be so stated above.