

THE DIVISION OF HEALTH OF MASSACHUSETTS
STANDARD CERTIFICATE OF DEATH

Roy Halsey
State File No. 32194

FILED SEP 29 1952

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 216

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY OR TOWN <u>Brookfield</u>		c. CITY OR TOWN <u>Brookfield</u>	
c. LENGTH OF STAY (In this place) <u>45 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>607 Crosby</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>607 Crosby</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>JOSEPH</u> c. (Last) <u>FARRENKOPF</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-21-1952</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan-24-1874</u>
9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>78</u> <u>7</u> <u>27</u>		9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>78</u> <u>7</u> <u>27</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of life. Give full name if restricted) <u>Retired R.R. Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City or State or Foreign Country) <u>Macomb Ill</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>Joseph Farrenkopf</u>		13b. MOTHER'S MAIDEN NAME <u>Margt Kilgen</u>	
13c. NAME OF HUSBAND OR WIFE <u>Mary Farrenkopf</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mary Farrenkopf</u>		ADDRESS <u>Brookfield Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage - Cerebral</u>			
ANTECEDENT CAUSES (b) <u>Diabetes Mellitus</u>			
DUE TO (c) <u>General Arterio Sclerosis</u>			
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 <u>334X</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>May 19</u> 19 <u>37</u> to <u>Sept 20</u> 19 <u>52</u> , that I last saw the deceased alive on <u>Sept 12</u> 19 <u>52</u> , and that death occurred at <u>7:30 a.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Roy R Halsey M.D.</u>		23b. ADDRESS <u>Brookfield Mo</u>	
23c. DATE SIGNED <u>9/22-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/23/52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St Michael Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-23-52</u>		REGISTRAR'S SIGNATURE <u>Madine Stambach</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Blacklock</u>		ADDRESS <u>Brookfield Mo.</u>	

582

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

DEC 2 1952

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 J. B. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.