

FILED OCT 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36471

BIRTH NO. _____		REG. DIST. NO. <u>195</u>		PRIMARY REG. DIST. NO. <u>5706</u>		Registrar's No. <u>82</u>		
1. PLACE OF DEATH a. COUNTY <u>McDonald</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Anderson</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) <u>Thomas Conley Farley</u>			a. (First)			b. (Middle)		
c. (Last)			4. DATE OF DEATH <u>October 10-1953</u>			5. SEX <u>Male</u>		
6. COLOR OR RACE <u>White</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			8. DATE OF BIRTH <u>4-19-1876</u>		
9. AGE (In years last birthday) <u>77</u>			10. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>			11. BIRTHPLACE (State or foreign country) <u>Whittier North Carolina</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			13a. FATHER'S NAME <u>Jason L. Farley</u>			13b. MOTHER'S MAIDEN NAME <u>Candice Conley</u>		
14. NAME OF HUSBAND OR WIFE <u>Frankie Farley</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>			16. SOCIAL SECURITY NO. <u>None</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frankie Farley Anderson, Mo.</u>			18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Shot</u>			19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Wound to Right temple</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			DUPLICATE OF (b) <u>Sun shot Wound</u>			DUPLICATE OF (c)		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Anderson McDonald, Mo.</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			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 _____, 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 (Degree or title) <u>H. M. Humphrey Jr. Coroner</u>			23b. ADDRESS <u>Noel, Mo.</u>			23c. DATE SIGNED <u>10-12-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24b. DATE <u>10-12-53</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Anderson, Cemetery</u>		
24d. LOCATION (City, town, or county) (State) <u>Anderson Missouri</u>			DATE REC'D BY LOCAL REG. <u>10-14-53</u>			REGISTRAR'S SIGNATURE <u>H. M. Humphrey</u>		
25. FUNERAL DIRECTOR'S SIGNATURE <u>Tatum Funeral Home</u>			ADDRESS <u>Anderson, Mo.</u>			(Licensed Embalmer's Statement on Reverse Side)		

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

JUN 4 1958

APR 24 1958

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 Carl Papp _____

Licensed Embalmer No. 3458 _____

P. O. Address Anderson, Missouri _____

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.