

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37170

FILED DEC 7 - 1956

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived; if institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Dr. Hospital</b> Length of stay in lb <b>1 Day</b>		d. STREET ADDRESS (If outside, give location) <b>1304 Sullivan Av.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>ERNEST FRANKLIN FARLEY</b> First Middle Last			4. DATE OF DEATH <b>11-24-1956</b> Month Day Year
5. SEX <b>Male</b> <input type="checkbox"/> <input checked="" type="checkbox"/>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>11-21-1915</b>
9. AGE (In years last birthday) <b>41</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Poster Bros. Manf. Huston, Mo.</b>	11. BIRTHPLACE (City and state or country) <b>Huston, Mo.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Assembly work</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Casswell Farley</b>		14. MOTHER'S MAIDEN NAME <b>Elizabeth Venable</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>Yes WW 2</b>		16. SOCIAL SECURITY NO. <b>496-18-7226</b>	17. INFORMANT <b>St. Louis, Missouri Mrs. Juanita Farley</b>
18. CAUSE OF DEATH [Enter only one cause per line for (a); (b); and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Edema</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hemorrhage</b> DUE TO (c) <b>Gunshot wound in abdomen</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>none</b>			INTERVAL BETWEEN ONSET AND DEATH <b>15 min</b> <b>9 hrs</b> <b>9 hrs</b>
20a. ACCIDENT <input checked="" 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.) <b>Climed on stump and fell of, gun discharged and struck him in right side below ribs.</b>	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. <b>8:15am 11-24-56</b>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>hunting on farm</b>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>Coon Island Twsp. Butler, Mo.</b>	
21. I attended the deceased from <b>11-24-56</b> , to <b>11-24-56</b> and last saw <sup>her</sup> him alive on <b>11-24-56</b> Death occurred at <b>7:30 p m</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>J. A. Biggs</b> (Degree or title) <b>MD</b>		22b. ADDRESS <b>Poplar Bluff, Mo.</b>	22c. DATE SIGNED <b>11-30-56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>11-25-56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Huston, Mo.</b>
23d. LOCATION (City, town, or county) (State) <b>Huston, Mo.</b>		24. FUNERAL DIRECTOR <b>Elliott Funeral Home Huston, Mo.</b> ADDRESS	
25. DATE RECD. BY LOCAL REG. <b>12/1/56</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED

DEC 4 1956

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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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 P Adams*

Licensed Embalmer No. *492*

P. O. Address *Union Blvd*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.