

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 6 1957

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 245

STATE FILE NUMBER 570 1757 245

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN JOPLIN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST JOHNS HOSPITAL			Length of stay in 1b 2 DA	d. STREET ADDRESS (If outside, give location) 212 BYERS			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last FREDRICK O FARLEY				4. DATE OF DEATH Month Day Year 5 27 1957			
5. SEX MALE <input checked="" type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 1-17-1879		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min. 4 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED RAIL ROAD MAN			10b. KIND OF BUSINESS OR INDUSTRY MISSOURI PACIFIC	11. BIRTHPLACE (City and state or country) KOKOMO, INDIANA		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME PHILLIP HENRY FARLEY				14. MOTHER'S MAIDEN NAME SENNATH PEARY			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO.	17. INFORMANT Address MRS ZALE HERRINGTON KANSAS CITY, MO			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>menetrix thrombosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>arteriosclerosis</i> DUE TO (c) <i>old age</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <i>Coronary arteriosclerosis, arteriosclerosis, kidney</i>							INTERVAL BETWEEN ONSET AND DEATH 5702
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			20d. INJURY OCCURRED WHILE AT WORK <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 _____ to _____ and last saw her ^{him} alive on _____ Death occurred at 9:15 A.M. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>R.L. Ferguson M.D.</i>				22b. ADDRESS 820 Friess Bldg Joplin		22c. DATE SIGNED May 27 57	
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		23b. DATE 5-29-1957	23c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMERS CREMATORY		23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO MO		
24. FUNERAL DIRECTOR ADDRESS HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO				25. DATE RECD. BY LOCAL REG. 5/29/1957		26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>	

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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Esper County Health Officer
Security File Number JUN 5 1957 57-6-15-6
Date Filed

JUN 7 1957
JUN 17 1957

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 *Richard Gray Lewis*

Licensed Embalmer No. 440

P. O. Address *Webb City*

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.