

FILED OCT 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37504
STATE FILE NUMBER
9345

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

300
1-57 0

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If instituting Residence before admission) a. STATE Missouri b. COUNTY <i>St. Francois</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN Farmington <i>941</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>04</i> BARNES HOSPITAL		d. STREET ADDRESS (If outside, give location) <i>3/</i>	
3. NAME OF DECEASED First Middle Last MARVIN LEE HAFLEY			4. DATE OF DEATH OCTOBER 4, 1957
5. SEX <input checked="" type="radio"/> male	6. COLOR OR RACE white	7. <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	8. DATE OF BIRTH 10-24-1910
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) painter		10b. KIND OF BUSINESS OR INDUSTRY Paint	11. BIRTHPLACE (City and state or country) Bonne Terre, Mo.
13a. FATHER'S NAME David Hafley		13b. MOTHER'S MAIDEN NAME Rose Wiadom	14. NAME OF HUSBAND OR WIFE Louise Hafley
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. unknown	17. INFORMANT Address Louise Hafley, Farmington, 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) SUBACUTE BACTERIAL ENDOCARDITIS AND HEMOPERICARDIUM DUE TO (b) RHEUMATIC HEART DISEASE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) <i>416X</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 2 MONTHS 30 YEARS 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 <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 OCT. 1, 1957 to OCT. 4, 1957 and last saw her alive on OCT. 4, 1957 Death occurred at 2:35 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>F. R. Bradley</i> M.D.		22b. ADDRESS BARNES HOSPITAL	
22c. DATE SIGNED 10-5-57			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 10-5-57	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Farmington, Mo.
24. FUNERAL DIRECTOR ADDRESS Cozean, Farmington, Mo.		25. DATE RECD. BY LOCAL REG. OCT 7 57	26. REGISTRAR'S SIGNATURE <i>Charles Smith</i> mjs

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

AUG 14 1958

MAR 7 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
Signature of Student Embalmer

Signed *Louise V. Smith*

Licensed Embalmer No. *3882*

P. O. Address *St. Louis*

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.