

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31327

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 335

1. PLACE OF DEATH a. COUNTY <b>PETTIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>PETTIS</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>SEDALIA</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>SEDALIA</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BOTHWELL MEMORIAL HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>711 North Grand</b>	

3. NAME OF DECEASED (Type or Print) <b>JOSEPHINE</b>	a. (First)	b. (Middle)	c. (Last) <b>O'FARRELL</b>	4. DATE OF DEATH <b>Oct 2 1949</b> (Month) (Day) (Year)
---	------------	-------------	----------------------------	--

5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 23 1872</b>	9. AGE (In years less birthday) <b>77</b>	IF UNDER 1 YEAR Months Days	IF UNDER 18 HRS. Hours Min.
-----------------	---------------------------	---	--------------------------------------	---	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Pettis Co., Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
--	-----------------------------------	---	---

13a. FATHER'S NAME <b>Willis Warren</b>	13b. MOTHER'S MAIDEN NAME <b>Rachel Burris</b>	14. NAME OF HUSBAND OR WIFE <b>Arthur O'Farrell</b>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Arthur O'Farrell</b>	ADDRESS <b>711 No Grand., Sedalia, Mo</b>
--	--	---	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Multiple Cerebral Hemorrhage</b>		<b>1 day</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio-Sclerosis - Hypertension</b> DUE TO (c) <b>"L" Side Hemiplegia</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Was felt through 2nd rib tube for 2 hrs. the immediate cause of death</b>			<b>331X</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>was aspiration (Pneumonia)</b>	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) <b>10:20 a.m.</b>	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 **6-29**, 19**49**, to **10-2**, 19**49**, that I last saw the deceased alive on **10-2**, 19**49**, and that death occurred at **11:20** a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Thomas J. Yeager M.D.</b>	23b. ADDRESS <b>Sedalia, Mo.</b>	23c. DATE SIGNED <b>10-4-49</b>
---	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 5 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Sedalia, Mo</b>
---	------------------------------	---	--

DATE REC'D BY LOCAL REG. <b>10/5/49</b>	REGISTRAR'S SIGNATURE <b>Betty Yeager Deputy</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Heckart</b>	ADDRESS <b>Sedalia, Mo.</b>
---	--	--	-----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Yeager

10/12/49

80

664

RECEIVED **OCT 10**  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 10-12-49

**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 *W. Beckert*

Licensed Embalmer No. 3470

P. O. Address Adelia, 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.