

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33027

State File No. _____
Registrar's No. 1113

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

I. PLACE OF DEATH
a. COUNTY Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Buchanan

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph c. LENGTH OF STAY (in this place) 4 days

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural: Washington

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital d. STREET ADDRESS (If rural, give location) R. R. #2, Easton

3. NAME OF DECEASED
a. (First) Nellie b. (Middle) _____ c. (Last) Farrell

4. DATE OF DEATH (Month) (Day) (Year) Oct. 9, 1949

5. SEX female **6. COLOR OR RACE** white **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) married **8. DATE OF BIRTH** Oct. 10, 1876

9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months 11 Days 29 IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home **10b. KIND OF BUSINESS OR INDUSTRY** at home **11. BIRTHPLACE** (State or foreign country) Buchanan County, Missouri **12. CITIZEN OF WHAT COUNTRY?** USA

13a. FATHER'S NAME Francis X. Waller **13b. MOTHER'S MAIDEN NAME** Mary Brosi **14. NAME OF HUSBAND OR WIFE** Joseph E.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) _____ **16. SOCIAL SECURITY NO.** none **17. INFORMANT'S SIGNATURE OR NAME** Joseph Farrell, R. R. #2, Easton **ADDRESS** _____

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thyrotoxic CRISIS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hyperthyroidism
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Coronary artery sclerosis
Hypertension

INTERVAL BETWEEN ONSET AND DEATH
48 hrs.
5 years
5 years
5 years

19a. DATE OF OPERATION Oct 7, 1949 **19b. MAJOR FINDINGS OF OPERATION** Toxic Nodular Thyroid **20. AUTOPSY?** YES NO

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)** _____ 2520

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from Oct 6, 1949, to Oct 9, 1949, that I last saw the deceased alive on Oct 9, 1949, and that death occurred at 9:40A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John R. McDaniel, M.D. **23b. ADDRESS** 902 Edmond St. City **23c. DATE SIGNED** Oct 13, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** 10/11/1949 **24c. NAME OF CEMETERY OR CREMATORY** New Hurlinger **24d. LOCATION** (City, town, or county) (State) Buchanan County, Missouri

DATE REC'D BY LOCAL REG. Oct. 17, 1949 **REGISTRAR'S SIGNATURE** E. B. Jenkins **382** **25. FUNERAL DIRECTOR'S SIGNATURE** Heaton-Cowman Funeral Home St. Joseph, Mo. **ADDRESS** _____

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

Dr. J. M. S. D.

NOV 7 1949

Dr. J. R. M. S. S. S.

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St. Joseph, 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.