

FILED JAN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40415

State File No.

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5179 Registrar's No. 50

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

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osage Beach, Rural</u>		c. LENGTH OF STAY (In this place) <u>490</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osage Beach</u>		d. STREET ADDRESS (If rural, give location) <u>Lake Road 22a</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Lake Road 22a</u>		d. STREET ADDRESS (If rural, give location) <u>Lake Road 22a</u>	

3. NAME OF DECEASED (First) (Middle) (Last) <u>John Stuart Farrell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 31-49</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Wht</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb 10-1883</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>27</u>	IF UNDER 1 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanical engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own</u>	11. BIRTHPLACE (State or foreign country) <u>Newtown New Jersey</u>	12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Farrell</u>	13b. MOTHER'S MAIDEN NAME <u>Ida Myrnsall</u>	14. NAME OF HUSBAND OR WIFE <u>Jennie Okan Farrell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>264-12-4648</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jennie Farrell Same</u>
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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) <u>Mitral Insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 mos</u> <u>12 mos</u> <u>24 hr</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Asthma</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION <u>No Operation</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jane, 1949, to Dec 31, 1949, that I last saw the deceased alive on Dec 31, 1949, and that death occurred at 5:00 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. J. Cluckson M.D.</u>	23b. ADDRESS <u>Camden Mo.</u>	23c. DATE SIGNED <u>1-2-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Jan 4-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla</u>	24d. LOCATION (City, town, or county) (State) <u>St Charles Road MO</u>
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DATE REC'D BY LOCAL REG. <u>Jan 2-1950</u>	REGISTRAR'S SIGNATURE <u>Zilpha Jew</u> <u>42</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Banksen-Woolery Camden Mo</u>
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JAN 24 1950

RECEIVED
District Health Officer No. 7,
District File Number 12-49-1576
Date Filed 1-9-50

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.

Signed Abie Benson Wolery

Signed _____
Student Embalmer

Licensed Embalmer No. 24887

P. O. Address Camden, N.J.

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.