S. No. 300
V. 10.48

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FILED JAN 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 59 46

State File No. 42507

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5945 Registrar's No. 70

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St James - Rural
c. LENGTH OF STAY (In this place) 5 1/12 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ferndale Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Mo
b. COUNTY Ripley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Doniphan, Mo 0910
d. STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print)
a. (First) Edward
b. (Middle)
c. (Last) Farrell

4. DATE OF DEATH (Month) 12 - (Day) 19 - (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH May 18, 1866
9. AGE (In years last birthday) 85 — IF UNDER 1 YEAR: Months 7, Days 1 — IF UNDER 24 HRS.: Hours, Min.

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

13a. FATHER'S NAME Edward Farrell
13b. MOTHER'S MAIDEN NAME Elizabeth Dixon
14. NAME OF HUSBAND OR WIFE

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.
17. INFORMANT'S SIGNATURE OR NAME Ferndale Nursing Home — **ADDRESS** St James Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Endocarditis chronic — INTERVAL BETWEEN ONSET AND DEATH: about 5 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Anemia — about 3 years

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
19b. MAJOR FINDINGS OF OPERATION 4214
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* August 9, 1951, *to* Dec. 19, 1951, *that I last saw the deceased alive on* Dec. 18, 1951, *and that death occurred at* 9:30 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE C. J. Hammler, (Degree or title) M.D.
23b. ADDRESS St. James, Mo.
23c. DATE SIGNED 12-26-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-23, 1951
24c. NAME OF CEMETERY OR CREMATORY Dawson
24d. LOCATION (City, town, or county) St James (State) Mo.

DATE REC'D BY LOCAL REG. Dec 29, 51
REGISTRAR'S SIGNATURE Cora E. Burningham
25. FUNERAL DIRECTOR'S SIGNATURE Orval E. Lichlider — **ADDRESS** St James Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
Phelps County Health Officer,
County File Number
Date Filed 1-4-52

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 me, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Orell E. Lechliter

Licensed Embalmer No. 3546

P. O. Address St James 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.