

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED MAR 29 1952

1290

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>50 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>4 EAST 56TH TERRACE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>OSTEOPATHIC HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cornelius</u> b. (Middle) <u>Leo</u> c. (Last) <u>FARRELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 18 1952</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>APRIL 15, 1876</u>		9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OWNER OF TRADE SCHOOL</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>IOWA FALLS IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MOIER COLLEGE DUSTRY 910 MAIN STREET</u>	

13a. FATHER'S NAME <u>CORNELIUS POWERS FARRELL</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET McGUIRE</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. HELEN FARRELL</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or date of service) _____		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. HELEN FARRELL</u> ADDRESS <u>4 EAST 56TH TERRACE KANSAS CITY MO</u>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tubercular pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Adenocarcinoma of the lung</u> DUE TO (c) <u>Adenocarcinoma of the prostate</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Old Age</u>				INTERVAL BETWEEN ONSET AND DEATH <u>177X</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>			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)		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 3/12/52, to 3/18/52, that I last saw the deceased alive on 3/18/52, and that death occurred at 3:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>A.A. Choquette</u> (Degree or title) <u>DO</u>		23b. ADDRESS <u>111 Harrison K.C. Mo</u>		23c. DATE SIGNED <u>3/19/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>MARCH 20, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ROMAN CATHOLIC CEMETERY</u>	
24d. LOCATION (City, town, or county) <u>IOWA FALLS</u>		24e. (State) <u>IOWA</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>1531 BAUSCH CREEK KANSAS CITY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>3-19-52</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>1531 BAUSCH CREEK KANSAS CITY, MO.</u>	

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

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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

Charles H. Stickney

Licensed Embalmer No. 4560

P. O. Address K.P. 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.