

S. No. 300
V. 10.48

FILED MAY 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13695
Registrar's No. 107

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sheridan	
c. LENGTH OF STAY (If this place) 20 days		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Francis Hospital			
3. NAME OF DECEASED a. (First) James b. (Middle) J. c. (Last) Farrell			4. DATE OF DEATH (Month) (Day) (Year) 4 30 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married	8. DATE OF BIRTH 1-16-1880
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U. S.			
13a. FATHER'S NAME Patrick Farrell		13b. MOTHER'S MAIDEN NAME Metilda Dowie	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Sarilda Gartside 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic nephritis - uremia INTERVAL BETWEEN ONSET AND DEATH 2 months ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chor. Myocarditis 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 4222		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) (Min.)	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 4-10, 1952, to 4-30, 1952 , that I last saw the deceased alive on 4-30, 1952 , and that death occurred at 10 a. m. , from the causes and on the date stated above.			
23a. SIGNATURE H.C. Bauman (Degree of title) MD		23b. ADDRESS 1312 Main Maryville	23c. DATE SIGNED 5/5/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-3-1952	24c. NAME OF CEMETERY OR CREMATORY Inteston Cemetery	24d. LOCATION (City, town, or county) (State) Nodaway County, Missouri
DATE REC'D BY LOCAL REG. 5-10-52	REGISTRAR'S SIGNATURE Deas Holt	25. FUNERAL DIRECTOR'S SIGNATURE Arch C. Stumpee ADDRESS Front City Mo.	

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

742

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Bill Dunfee Student Embalmer No. *445*
working under my personal supervision.

Student *Bill Dunfee*
Student Embalmer

Signed *Arch C. Dunfee*
Licensed Embalmer No. *3252*

P. O. Address *Front City, 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.