

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17840

State File No. 17840

Registrar's No. 17840

FILED JUN 15 1953

REG. DIST. NO. 127

PRIMARY REG. DIST. NO. 4218

1. PLACE OF DEATH a. COUNTY Henry 04204		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Pettis 1804	
b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place) TOWN Windsor 2 weeks		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN Sedalia 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cook Nursing Home		d. STREET ADDRESS (If rural, give location) 711 N. Grand	
3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR b. (Middle) O'FARRELL c. (Last) O'FARRELL		4. DATE OF DEATH (Month) (Day) (Year) June 10, 1953	
5. SEX M O W	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH July 29, 1874
9. AGE (In years last birthday) 78		10. IF UNDER 1 YEAR Months Days	11. IF UNDER 1 MTH. Hours Mth.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and State or Foreign Country) Virginia /		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James O'Farrell		13b. MOTHER'S MAIDEN NAME Nettie Hotensniller	
14. NAME OF HUSBAND OR WIFE Josie E. Warren			
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 Mrs. Clifford Mawhorter, Sedalia, Mo		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) Acute Chronic Poisoning ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prostatic Hypertrophy 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 610X	
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) m.		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 5-4, 1953 to 6-10, 1953 that I last saw the deceased alive on 6-10, 1953, and that death occurred at 21:50pm., from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) Claude M. Thurber, M.D.		23b. ADDRESS Windsor Mo	
23c. DATE SIGNED 6-10-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12 June 1953	
24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery		24d. LOCATION (City, town, or county) (State) Sedalia, Mo.	
DATE REC'D BY LOCAL REG. June 12-53		REGISTRAR'S SIGNATURE Florence Adams	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Sedalia, Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
GILLESPIE FUNERAL HOME

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.....

Licensed Embalmer No. 3470

P. O. Address Sedalia

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.