

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23935

State File No. ....

FILED AUG 10 1953

859

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|---|--|--|--|--|--|--|--|
| BIRTH NO. ....  |  | REG. DIST. NO. <b>42</b>   |  | PRIMARY REG. DIST. NO. <b>1000</b>   |  | Registrar's No. ....   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>   |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Joseph</b>   |  | c. LENGTH OF STAY (In this place)<br><b>4 years</b>  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Joseph</b>  |  | 0117   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Josephs Hospital</b>   |  |  |  | d. STREET ADDRESS (If rural, give location)<br><b>2724 Seneca St.</b>  |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Joseph</b>   |  | b. (Middle) <b>E.</b>  |  | c. (Last) <b>Farrell</b>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>August 1, 1953</b>                           |  |
| 5. SEX <b>male</b>  |  | 6. COLOR OR RACE <b>white</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>widowed</b>   |  | 8. DATE OF BIRTH<br><b>October 3, 1868</b>   |  |
| 9. AGE (In years last birthday) <b>84</b>   |  | IF UNDER 1 YEAR Months Days Hours Min.   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Buchanan County, Missouri</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>ret. farmer</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>farm</b>   |  | 13a. FATHER'S NAME<br><b>Timothy Farrell</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Fannie Reynolds</b>                                      |  |
| 13c. SOCIAL SECURITY NO.<br><b>none</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Nellie Farrell</b>   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><b>no</b>   |  | 16. SOCIAL SECURITY NO.<br><b>none</b>   |  |
| 17. INFORMANT'S SIGNATURE OR NAME<br><b>Mrs. H. M. White, 2724 Seneca, St. Joseph, Mo.</b>  |  | 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | 19. MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho pneumonia</b><br>INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b><br>ANTECEDENT CAUSES <b>Loeffler's</b><br>DUE TO (b) <b>Loeffler's</b><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis</b><br>INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b> |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>      |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>480X</b>  |  | 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 <b>7/27</b> , 19 <b>53</b> , to <b>8/1</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>8/1</b> , 19 <b>53</b> , and that death occurred at <b>7:40 p. m.</b> , from the causes and on the date stated above. |  |  |  |  |  |  |  |
| 23a. SIGNATURE (Degree or title)<br><b>Frank J. Sandigan M.D.</b>   |  | 23b. ADDRESS<br><b>670 Francis St.</b>   |  | 23c. DATE SIGNED<br><b>8/4/53</b>  |  | 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>                               |  |
| 24b. DATE<br><b>8/5/1953</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>St. Mary's Cemetery</b>   |  | 24d. LOCATION (City, town, or county) (State)<br><b>Buchanan County, Missouri</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Newton Bowman</b>                                 |  |
| DATE REC'D BY LOCAL REG.<br><b>Aug. 6, 1953</b>   |  | REGISTRAR'S SIGNATURE<br><b>Kathleen M. Allison</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Newton Bowman</b>   |  | ADDRESS<br><b>General Home St. Joseph, Mo.</b>   |  |

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

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 William J. Galding.....

Licensed Embalmer No. 4570.....

3195-10<sup>th</sup>.....

P. O. Address St. Joseph, 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.