

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22129**

FILED AUG 9 - 1954

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **855**

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 35 yrs.	c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital			e. STREET ADDRESS (If rural, give location) 605 N. 13th Street		
3. NAME OF DECEASED (Type or Print) a. (First) Samuel		b. (Middle) Allen	c. (Last) Farrell	4. DATE OF DEATH (Month) (Day) (Year) July 31, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 21, 1882	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bottler	10b. KIND OF BUSINESS OR INDUSTRY Goetz Brewery		11. BIRTHPLACE (City and State or Foreign Country) Rochester, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Edward Farrell		13b. MOTHER'S MAIDEN NAME Nancy Hamlin		14. NAME OF HUSBAND/OR WIFE Lucille Farrell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 491-09-8823	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lucille Farrell St. Joseph, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Diabetes mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 8 hours
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 200X			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 July 31, 1954 , to July 31, 1954 , that I last saw the deceased alive on July 31, 1954 , and that death occurred at 4:30 Pm. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Martin H. Christ, M.D.			23b. ADDRESS 202 Rags + Smp. Bldg. St. Joseph		23c. DATE SIGNED Aug 2, 1954
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 3, 1954	24c. NAME OF CEMETERY OR CREMATORY Helena Cemetery	24d. LOCATION (City, town, or county) (State) Helena, Missouri		
DATE REC'D BY LOCAL REG. Aug 5, 1954	REGISTRAR'S SIGNATURE Edwin M. Allison	REG. NO. 485	25. FUNERAL DIRECTOR'S SIGNATURE Meierhoffer Fleeman	ADDRESS St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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.....****
Signature of Student Embalmer

Signed.....*Raymond H. Meehan*.....

Licensed Embalmer No....4413.1

P. O. Address ..St. Joseph, M

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.