

FILED SEP 20 1954

STANDARD CERTIFICATE OF DEATH

State File No. 29970

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 264

1. PLACE OF DEATH a. COUNTY <i>Callaway</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Schuyler</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Fulton</i>		c. CITY OR TOWN <i>Lancaster</i>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <i>9 yr 5 mo</i>		e. STREET ADDRESS (If rural, give location) <i>0980 1</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hospital no 1</i>			

3. NAME OF DECEASED a. (First) <i>Mary</i> b. (Middle) <i>Elizabeth</i> c. (Last) <i>Farrell</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Sept 13 1954</i>		
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>never married</i>	8. DATE OF BIRTH <i>Oct 22 1914</i>	9. AGE (In years last birthday) <i>39</i>	IF UNDER 1 YEAR: Months <i>11</i> Days <i>20</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Lancaster Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>

13a. FATHER'S NAME <i>Richard Wesley Farrell</i>	13b. MOTHER'S MAIDEN NAME <i>Clara Isabel Welsh</i>	14. NAME OF HUSBAND OR WIFE <i>never married</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no no</i>	16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Brenda Farrell Lancaster Mo</i>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic interstitial nephritis</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	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 *Oct 10, 1951* to *Sept 13, 1954*, that I last saw the deceased alive on *Sept 12, 1954*, and that death occurred at *3:40 A* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>J R Hunter M D</i>	23b. ADDRESS <i>Fulton Mo</i>	23c. DATE SIGNED <i>Sept 13 1954</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Sept. 15 54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>100 F Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Lancaster Mo.</i>
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DATE REC'D BY LOCAL REG. <i>Sept 14 1954</i>	REGISTRAR'S SIGNATURE <i>Martha Lawrence</i>	4265	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Wallace Funeral Home, Fulton Mo</i>
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(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 *William E. Tre...*

Licensed Embalmer No. *48*

P. O. Address *Fulton*

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.