

STANDARD CERTIFICATE OF DEATH

FILED AUG 8 - 1955

State File No.

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 210

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike 0821</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton 2nd Mo.</u>	c. LENGTH OF STAY (in this place) <u>24 10M</u>	c. CITY OR TOWN <u>Louisiana</u>	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 <u>State Hospital #1, Fulton, Mo</u>		e. STREET ADDRESS (If rural, give location) <u>609 Kentucky Ave,</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CLARENCE</u>	b. (Middle) <u>RAYMOND</u>	c. (Last) <u>FARRELL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 3, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>Aug 27, 1909</u>	9. AGE (In years last birthday) (Month) (Day) (Min.) <u>45 11 11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, if unfratified) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>William Herbert Farrell</u>	13b. MOTHER'S MAIDEN NAME <u>Hellie P. Ramsley</u>	14. NAME OF HUSBAND OR WIFE <u>Divorced</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>D.K.</u>	16. SOCIAL SECURITY NO. <u>D.K.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records of State Hospital #1, Fulton</u>	ADDRESS <u>Fulton</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>years</u> <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>GENERAL PARESIS</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Syphilis</u> DUE TO (c) <u>Psychotic.</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>025X</u>		

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 8-3-, 1955, to 8-3-, 1955, that I last saw the deceased alive on 8-3-, 1955, and that death occurred at 5:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Francis J. Nichols M.D.</u>	23b. ADDRESS <u>State Hospital #1, Fulton</u>	23c. DATE SIGNED <u>8-3-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-6-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BUFFALO CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>Pike Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 5-1955</u>	REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>	426-	25. FUNERAL DIRECTOR'S SIGNATURE <u>Margaret Paul Home Fulton Mo</u>	ADDRESS
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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 *J. J. Ross*.....
Licensed Embalmer No. *255*

P. O. Address *Quincy*

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.