

FILED FEB 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4301

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY FRANKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY FRANKLIN			
b. CITY (If outside corporate limits, write RURAL and give township) UNION		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN UNION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 209 ROOSEVELT AVE.				e. STREET ADDRESS (If rural, give location) 209 ROOSEVELT AVE.			
3. NAME OF DECEASED (Type or Print)		a. (First) THURSTON		b. (Middle) MINOR		c. (Last) FARRELL	
4. DATE OF DEATH		(Month) FEB.		(Day) 4.		(Year) 1956	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH OCT. 23, 1901	
9. AGE (In years last birthday)		10. KIND OF BUSINESS OR INDUSTRY SHOE WORK		11. BIRTHPLACE (City and State or Foreign Country) GERALD, MO.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WOOD HEEL ATTACHER		10b. KIND OF BUSINESS OR INDUSTRY SHOE WORK		11. BIRTHPLACE (City and State or Foreign Country) GERALD, MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME THOMAS FARRELL		13b. MOTHER'S MAIDEN NAME GEORGIA SEATON		14. NAME OF HUSBAND OR WIFE NONE			
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. 492-09-9455		17. INFORMANT'S SIGNATURE OR NAME ADDRESS THOMAS FARRELL UNION, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull, comminuted ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) right fronto-parietal-occipital region. DUE TO (c) region. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Deceleration of Brain				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Right parietal region				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Oak Street		21c. (CITY, TOWN, OR TOWNSHIP) Union (COUNTY) Franklin (STATE) Mo			
21d. TIME OF INJURY Feb 4 1956		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Pushed out of screen door backward and striking his head on sidewalk			
22. I hereby certify that I attended the deceased from Feb 4, 1956 and that death occurred at Union, Mo. from the causes and on the date stated above.							
23a. SIGNATURE L. D. Ottman				23b. ADDRESS Central Home Union, Mo.		23c. DATE SIGNED Feb 16, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Funeral		24b. DATE Feb 7 56		24c. NAME OF CEMETERY OR CREMATORY Union Cemetery Union, Mo.		24d. LOCATION (City, town, or county) (State) Union, Mo.	
DATE REC'D BY LOCAL REG. Feb-18-56		REGISTRAR'S SIGNATURE J. T. Cooper		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ottman Funeral Home Union, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

MAR 12 1956

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 *E. H. Ottman*.....

Licensed Embalmer No.16

P. O. Address *Union*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.