

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24290

STATE FILE NUMBER

FILED JUL 29 1957

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 510

1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette			
b. CITY (If outside corporate limits, give TOWNSHIP only) Clinton				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Auville	
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTE Wetzell Hosp.				Length of stay in lb 1 Week		d. STREET ADDRESS 105 E. Ohio St.	
3. NAME OF DECEASED (Type or print) JOHN CAMPBELL FARRELL				4. DATE OF DEATH Month 7 Day 2 Year 57			
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 8, 1878	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) Interior Decorator				10b. KIND OF BUSINESS OR INDUSTRY Decorating		9. AGE (In years last birth) 68	
11. BIRTHPLACE (City and state or country) Auville, Mo.				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Uriah Farrell				14. MOTHER'S MAIDEN NAME Don't know			
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.		17. INFORMANT Chas. Farrell Higginsville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute circulatory failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary occlusion, old & new DUE TO (c) Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH 8 days
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour 5:45 a. m. Month 6 Day 23 Year 57				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Higginsville, Mo.		20g. COUNTY Higginsville, Mo.	
21. I attended the deceased from 6/23/57 to 7/2/57 and last saw him alive on 7/1/57 Death occurred at 5:45 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Edwin Wilson, D.O.				22b. ADDRESS 1815 Main Higginsville, Mo.		22c. DATE SIGNED 7/3/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-5-57		23c. NAME OF CEMETERY OR CREMATORY City		23d. LOCATION (City, town, or county) (State) Higginsville, Mo.	
24. FUNERAL DIRECTOR Forrest R. Hoefer Higginsville, Mo.				25. DATE RECD. BY LOCAL REG. 7-12-57		26. REGISTRAR'S SIGNATURE Mildred Bigum	

(Licensed Embalmer's Statement on Reverse Side)

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 Forrest P. Hoefler

Licensed Embalmer No. 4801

P. O. Address Higginsville

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