

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018161

STATE FILE NUMBER

FILED MAY 23 1958

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

2294

S. 300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN HUME 0070		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL			Length of stay in 1b 6 days		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First THOMAS Middle A. Last FARRELL				4. DATE OF DEATH Month MAY Day 4, Year 1958					
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH January 20, 1889		9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER			10b. KIND OF BUSINESS OR INDUSTRY MINING		11. BIRTHPLACE (City and state or country) PRESCOTT, KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME EUGENE FERRELL			13b. MOTHER'S MAIDEN NAME SARAH J. BRIGHT			14. NAME OF HUSBAND OR WIFE *****			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or (if unknown)) (If yes, give year or dates of service) YES WW I			16. SOCIAL SECURITY NO. -		17. INFORMANT Address OFFICIAL RECORDS VA HOSPITAL, K.C., 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 bilateral pneumonia							INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)							490		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic heart disease							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK 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		COUNTY		STATE	
21. I attended the deceased from April 28, 1958 to May 4, 1958 and last saw him alive on Death occurred at 4:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE C. COZZARELLI M.D.					22b. ADDRESS VA Hospital, K.C., Mo.		22c. DATE SIGNED 5-5-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE MAY 6 1958	23c. NAME OF CEMETERY OR CREMATORY WOODFINN CEMETERY			23d. LOCATION (City, town, or county) (State) FOSTER MISSOURI			
24. FUNERAL DIRECTOR D.W. NEWCOMERS 1331 BROWN CREEK SOUS KANSAS CITY, MO				25. DATE RECD. BY LOCAL REG. 5-6-58		26. REGISTRAR'S SIGNATURE New Marshall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.



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 *L. O. Nelson*
Licensed Embalmer No. *4401*
P. O. Address *Kansas City, Mo.*

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.