

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**58-038693**

STATE FILE NUMBER

**FILED OCT 17 1958** Registration District No. 374 Primary Registration District No. 4549 Registrar's No. 36

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Worth</b>		a. STATE <b>Missouri</b>	b. COUNTY <b>Worth</b>
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Allendale</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Allendale,</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	Length of stay in 1b <b>Life</b>	d. STREET ADDRESS <b>1138 0</b>	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

<b>3. NAME OF DECEASED</b> (Type or print)			<b>4. DATE OF DEATH</b>		
First <b>Edward</b> Middle <b>Morton</b> Last <b>Farrell</b>			Month <b>Sept.</b> Day <b>19,</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>August 11, 1872</b>		9. AGE (In years last birthday) <b>86</b>
10a. USUAL OCCUPATION (One kind of work done during most of working life, even if retired) <b>Ret. Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>	11. BIRTHPLACE (City and state or country) <b>Worth County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
13. FATHER'S NAME <b>Charley Farrell</b>			14. MOTHER'S MAIDEN NAME <b>Barah Young</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Justin Farrell - Grant City, Missouri</b>		

<b>18. CAUSE OF DEATH</b> [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hemorrhage, severe, Gastric Ulcer</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1hr</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Carcinoma of Prostate</b>				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.) <b>5400H</b>			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT <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 COUNTY _____ STATE _____	
21. I attended the deceased from <b>48</b> to <b>Sept 19, 1958</b> and last saw him alive on <b>9-19-58</b> Death occurred at <b>7am</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Frank B. Matteson M.D.</b>		22b. ADDRESS <b>Grant City, Missouri</b>		22c. DATE SIGNED <b>9/21/58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>9-21-1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Allendale Cemetery</b>	
				23d. LOCATION (City, town, or county) <b>Allendale, Missouri</b>	
24. FUNERAL DIRECTOR <b>Bill P. Dunfee</b>		ADDRESS <b>Grant City, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>October 11, 1958</b>	
				26. REGISTRAR'S SIGNATURE <b>Leta E. Dawson</b>	

(Licensed Embalmer's Statement on Reverse Side)

death, health, welfare, public service, diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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..... *Bill A. Dwyer*

Licensed Embalmer No. *49*

P. O. Address *Grand*  
*mo.*

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.