

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026394
STATE FILE NUMBER

FILED VS AUG 1 1960

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 170

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>FRANKLIN</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WASHINGTON</u>	a. STATE <u>MO</u>	b. COUNTY <u>FRANKLIN</u>
Length of stay in lb <u>2 weeks</u>		c. CITY OR TOWN <u>GERALD MO</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. FRANCIS WASHINGTON</u>		d. STREET ADDRESS <u>RA # II</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>LOUIS EMMETT FARRELL</u>			4. DATE OF DEATH Month Day Year <u>7-21-1960</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-1-1880</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (City and state or country) <u>GERALD. MO. FRANKLIN USA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>

13a. FATHER'S NAME <u>FRANK FARRELL</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Fike</u>		14. NAME OF HUSBAND OR WIFE <u>CARRIE S FARRELL</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>ADAM M FARRELL</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH <u>7-10-60</u>
IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>			
DUE TO (b) <u>Cerebral arterial sclerosis</u>			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arterial Sclerosis of Vessels</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 1955 to 7-21-60 and last saw him alive on 7-20-60
Death occurred at 8:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) <u>[Signature]</u>		22b. ADDRESS <u>[Address]</u>		22c. DATE SIGNED <u>7-25-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)	
<u>7-24-1960</u>	<u>New Friendships</u>	<u>RR II Gerald</u>	<u>MO</u>	

24. FUNERAL DIRECTOR ADDRESS <u>E J Meyer Gerald. Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>7/23/60</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS MAY 2 1961

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 Stanley E Meyer

Licensed Embalmer No. 4639

P. O. Address Union

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.