

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000871

FILED VS FEB 1 1961

Registration District No. 112 Primary Registration District No. 4184 Registrar's No. 3

STATE FILE NUMBER

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, give TOWNSHIP only) OR TOWN GERALD		Length of stay in 1b 40 yrs	c. CITY OR TOWN GERALD MO
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HER. HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RRT
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last AMARLIES-LILLIAN FARRELL			4. DATE OF DEATH Month Day Year JAN 25-1961		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-1-1890	9. AGE (last birthday) 70	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and state or country) ROSEBUD. MO.		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME JAMES E. HINTON		13b. MOTHER'S MAIDEN NAME LAURA BILTESTINE		14. NAME OF HUSBAND OR WIFE BEVERLY T FARRELL	
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. NONE		17. INFORMANT Hilbert Farrell Gerald mo	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE ① Cardiovascular Accident ② Hypertensive Cardiovascular Disease		
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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
20. TIME OF INJURY Hour a.m., p.m., Month, Day, Year 5:10 p.m. 1-28-1961		

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 5/1958 to Jan 25 1961 and last by her Jan 24 1961 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Source or title) James L. Shea MD		22b. ADDRESS Gerald Mo	22c. DATE SIGNED Jan 27-61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-28-1961	23c. NAME OF CEMETERY OR CREMATORY NEW FRIENDSHIP	23d. LOCATION (City, town, or county) (State) RRT Gerald mo
24. FEDERAL DIRECTOR ADDRESS O Meyer Gerald mo		25. DATE RECD. BY LOCAL REG. Jan 27-61	26. REGISTRAR'S SIGNATURE John Charles Finley

AMENDED
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

MAR 13 1963

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 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.