

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041977

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 140 STATE FILE NUMBER

FILED DEC 14 1961

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Louisiana</u>		c. CITY OR TOWN <u>Louisiana</u>	
Length of stay in 1b <u>13 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pike County Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>406 No Sixth St</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Willaim</u> Middle <u>Joseph</u> Last <u>Farrell</u>			4. DATE OF DEATH Month <u>Nov</u> Day <u>23</u> Year <u>1961</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/4/1885</u>	9. AGE (last birthday) <u>76</u>	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) <u>Owner & Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Recreation Parlor</u>		11. BIRTHPLACE (City and state or country) <u>Rockport, Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Matthew S. Farrell</u>		13b. MOTHER'S MAIDEN NAME <u>Henrietta Grotts</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie R. 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>	17. INFORMANT Address <u>Louisiana, MO</u> <u>Mrs Luther Biggerstaff</u>
---	--

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 (a) <u>Acute Circulatory Failure</u>		<u>8 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Chronic Cor Pulmonale Decompensated</u>	<u>3 years.</u>
	DUE TO (c) <u>Chronic Bronchiectasis</u>	<u>Unknown</u>

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 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 <u>5:42</u> a.m. / Month, Day, Year <u>12/13/56</u>		

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 <u>Louisiana</u>	COUNTY <u>Louisiana</u>	STATE <u>Missouri</u>
21. I attended the deceased from <u>12/13/56</u> to <u>Nov 23/61</u> and last saw him alive on <u>Nov 22/61</u> Death occurred at <u>5:42 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>Dorothy Biggerstaff</u>	22b. ADDRESS <u>218 N 5th St Louisiana</u>	22c. DATE SIGNED <u>11/24/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/25/1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>RiverView Cemetary</u>	23d. LOCATION (City, town, or county) (State) <u>Louisiana Missouri</u>

24. FUNERAL DIRECTOR <u>Sterne Funeral Home, Louisiana, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Dec 8-1961</u>	26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>
--	---	---

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FEB 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 J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana

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.