

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043477

STATE FILE NUMBER

AMENDED

Registration District No. 4 Primary Registration District No. _____ Registrar's No. 132

FILED DEC 19 1961

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY Atchison				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Nebraska , COUNTY Lancaster					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax		Length of stay in 1b 3 1/2 hrs		c. CITY OR TOWN Lincoln		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fairfax Community Hosp			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		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 HELEN Middle MARIE Last FARRELL				4. DATE OF DEATH Month Dec Day 9 Year 1961					
5. SEX female		6. COLOR OR RACE white		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/8/1911		9. AGE (last birthday) 50 IF UNDER 1 YEAR: Months 1 Days 1 IF UNDER 24 HR: Hours 1 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house keeper			10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Severance, Kansas		12. CITIZEN OF WHAT COUNTRY U.S		
13a. FATHER'S NAME Eugene Thille			13b. MOTHER'S MAIDEN NAME Elizabeth Searles			14. NAME OF HUSBAND OR WIFE John J. 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 John J. Farrell		821 Midway Drive Lincoln, Nebraska		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral anoxia DUE TO (b) Periphero Cerebrovascular collapse 1 hour. DUE TO (c) Multiple fractures ribs left chest PART II. UNDERLYING CAUSE (a) Multiple fractures ribs left chest 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 INTERVAL BETWEEN ONSET AND DEATH 5 min.									
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) auto wreck					
20c. TIME OF INJURY Hour am Month, Day, Year 12/9/61		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.) Public highway		20f. CITY, TOWN, OR LOCATION Neutral-Mound City,		COUNTY: Holt, STATE: Missouri	
21. I attended the deceased from Dec 9, 1961 to Dec 9, 1961 and last saw her alive on Dec 7, 1961 Death occurred at 5:45 p m on the date stated above, and to the best of my knowledge, from the causes stated.				22. SIGNATURE (Degree & title) James Humphreys M.D. 22b. ADDRESS Mound City, Mo 22c. DATE SIGNED Dec. 19, 1961					
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 12/10/1961		23c. NAME OF CEMETERY OR CREMATORY Lincoln, Nebraska.		23d. LOCATION (City, town, or county) (State)			
24. FUNERAL DIRECTOR Davis Funeral Home ADDRESS Tarkio, Mo				25. DATE RECD. BY LOCAL REG. Dec 15, 1961		26. REGISTRAR'S SIGNATURE Tharmon H. Schoeler			

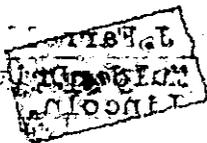
JAN 23 1962

FEB 5 1962

DEC 29 1961

MAY 1 1962

NOV 26 1962



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 _____

Signed Fred A. Brumby

Signature of Student Embalmer

Licensed Embalmer No. 3338

P. O. Address Tarkio, 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.