

FILED OCT 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31141**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **226** PRIMARY REG. DIST. NO. **5801** Registrar's No. **45**

690  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <b>Monroe County</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Monroe</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Lakenan Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Lakenan 5 miles south</b>	
c. LENGTH OF STAY (In this place) <b>5 days</b>		d. STREET ADDRESS (If rural, give location) <b>None</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>			

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>	
a. (First) <b>Robert</b>	b. (Middle) <b>Edward</b>	c. (Last) <b>Farrell</b>	(Month) <b>9</b>	(Day) <b>23</b> (Year) <b>1950</b>

<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>3-9-1868</b>	<b>9. AGE</b> (In years last birthday) <b>82</b>	<b>IF UNDER 1 YEAR</b> (Month) <b>6</b> (Day) <b>14</b>	<b>IF UNDER 24 HRS.</b> (Hour) <b></b> (Min.) <b></b>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, except if retired) <b>Farmer</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Same</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Monroe Co. Mo.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>Frank Farrell</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Anna Smith</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Deceased</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>X</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Vernie Farrell, Lakenan, Mo.</b>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c).  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>5 days</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Acute nephritis</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Chronic nephritis</b>		
	<b>DUE TO (c) Had a stroke 3 days before death.</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Had high blood pressure.</b>		<b>592 X</b>	

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Minute)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from Aug 15, 1950, to Sept 23, 1950, that I last saw the deceased alive on Sept 22, 1950, and that death occurred at 9:45 A.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>R. L. Caldwell, D.O.</b>	<b>23b. ADDRESS</b> <b>Shelbina, Mo.</b>	<b>23c. DATE SIGNED</b> <b>Sept 25/50</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>9-25-1950</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>I.O.O.F.</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Shelbina, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>9-29-50</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Anne M. Burkitt</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>William &amp; Barkeley, Shelbina, Mo.</b>	<b>ADDRESS</b>
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Date Received: OCT 9 1957  
DISTRICT HEALTH OFFICE #2  
District File Number 10-504  
Date Filed: OCT 9 1957

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 .....  
Student Embalmer

Signed \_\_\_\_\_

*C. W. Hawkins*

Licensed Embalmer No. \_\_\_\_\_

*3498*

P. O. Address \_\_\_\_\_

*Shelburne Vt.*

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 this body is not embalmed, fact should be so stated above.