

FILED NOV 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36496**

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 250

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>	
c. LENGTH OF STAY (in this place) <u>1 day.</u>		d. STREET ADDRESS (If rural, give location) <u>St Joseph Home for Aged</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hospital</u>			

3. NAME OF DECEASED (Type or Print)			DATE OF DEATH		
a. (First) <u>John</u>	b. (Middle) <u>F</u>	c. (Last) <u>FARRELL</u>	(Month) <u>November</u>	(Day) <u>16</u>	(Year) <u>1950</u>

4. SEX <u>Male</u>	5. COLOR OR RACE <u>White</u>	6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	7. DATE OF BIRTH <u>April 21, 1879</u>	8. AGE (In years last birthday) <u>71</u>	9. IF UNDER 1 YEAR Months <u>6</u> Days <u>25</u>	10. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Postal Employee</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Farrell</u>	13b. MOTHER'S MAIDEN NAME <u>Clara M. Carty</u>	14. NAME OF HUSBAND OR WIFE <u>Clara Henchler, J.C. No.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clara Farrell</u>	ADDRESS <u>J.C. No.</u>
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18. CAUSE OF DEATH 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u>		
	DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov 1, 1950 to Nov 16, 1950, that I last saw the deceased alive on Nov 16, 1950 and that death occurred at 9:02A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS	23c. DATE SIGNED <u>Nov 16, 1950</u>
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24a. BURIAL, CREMATORY, OR REMOVAL (Specify)	24b. DATE <u>11/16/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 16-1950</u>	REGISTRAR'S SIGNATURE <u>R.P. Harris MD.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>J.C. No.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 11-20-50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 11-20-50

1951

1951 19 1951

APR 27 1951

APR 27 1951

APR 27 1951

JUL 14 1959

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 _____

Donna H. James

Student Embalmer No. 374

working under my personal supervision.

Student *Donna H. James*
Student Embalmer

Signed *Sylvester Dulle*

Licensed Embalmer No. 4321

P. O. Address *Jefferson City, 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 this body is not embalmed, fact should be so stated above.