

5. No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27726
State File No. 776
Registrar's No.

396
0
AUG 25 1952

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) SPRINGFIELD 0396	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 425 W. GRAND 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION SPRINGFIELD BAPTIST HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES	b. (Middle) E.	c. (Last) FARRELL	4. DATE OF DEATH (Month) (Day) (Year) AUG 19 1952
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5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR. 29 1924	9. AGE (In years last birthday) 28	10. IF UNDER 1 YEAR Months Days	11. IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Worked for Atlas Powder Co. Richmond, Calif	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) SPRINGFIELD, MISSOURI 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME LUTHER FARRELL	13b. MOTHER'S MAIDEN NAME Nettie Cockrum	14. NAME OF HUSBAND OR WIFE MARJORIE J.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME MRS. MARJORIE FARRELL	ADDRESS
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>It does not mean mode of dying, such as heart failure, asphyxia, it means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH SUDDEN
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GUN-SHOT WOUND IN HEAD		
	ANTECEDENT CAUSES SUICIDE DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E976X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMEIDE (Specify) SUICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) SPRINGFIELD GREENE MISSOURI
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY AUG 19, 1952 10:30a	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? SELF-INFLICTED
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22. I hereby certify that I attended the deceased from _____ to _____ and that he last saw the deceased _____ and that death occurred at **10:30a m.**, from the causes and on the date stated above.

22a. SIGNATURE OF CORONER DR. E. ALLEN PICKENS	22b. ADDRESS MEDICAL ARTS BLDG. SPGFD, MO.	22c. DATE SIGNED 8/19/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 21, 52	24c. NAME OF CEMETERY OR CREMATORY Eastlawn Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Mo.
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DATE REC'D BY LOCAL REG. 8-21-52	REGISTRAR'S SIGNATURE Edith Williamson Registrar	25. FUNERAL DIRECTOR'S SIGNATURE H.H. LOHMEYER	ADDRESS SPRINGFIELD, MISSOURI
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Can be off 9/6/52

3
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SEP 16 1952

AUG 27 1952

SEP 16 1952

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 Jesse J. Swabley

Licensed Embalmer No. 4815

P. O. Address Springfield

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo. }
County of Greene } ss.

State File No. 2000 27726
Local Registrar's No. 776

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 10 day of Sept, 19452, before me appears
Marjorie J. Farrell, who, upon her oath, states that the original record of birth death
for Charles E. Farrell died Aug. 19, 1952, 19 , in the State of
Missouri, and which was filed at Springfield on Aug. 20, 1952, should be corrected as follows:

Item No. 8 should read March 30th. 1924
Instead of March 29th. 1924

Item No. 18 should read Injury occurred at 9:00 AM. Death at 12:35 PM
Instead of Sudden

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.
(SEAL) Affiant Marjorie J. Farrell wife
Relationship.

Springfield, Mo.
Present Address.

Subscribed and sworn to before me this 10th/ day of Sept., 19452

My Commission expires 2-21-57
Paul J. [Signature] Notary Public.

