

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41743**

FILED DEC 17 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **55** PRIMARY REG. DIST. NO. **3011** Registrar's No. **104**

1. PLACE OF DEATH a. COUNTY <b>CARROLL</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>CHARITON</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CARROLLTON</b>		c. LENGTH OF STAY (in this place) <b>5 DAYS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>TRIPLETT</b>		0210
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>SOUTH SIDE HOSPITAL</b>			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) a. (First) <b>PEARL</b> b. (Middle) <b>O.</b> c. (Last) <b>FARRELL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12-7-1952</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>2-26-1878</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when retired) <b>RETIRED FILLING STATION OPERATOR</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>MADISON MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>JAMES FARRELL</b>		13b. MOTHER'S MAIDEN NAME <b>REBECCA GINGRICH</b>	14. NAME OF HUSBAND OR WIFE <b>HATTIE FARRELL</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. HATTIE FARRELL TRIPLETT MO.</b>		

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PNEUMONIA (HYPOSTATIC)</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>INTESTINAL OBSTRUCTION</b> DUE TO (c) <b>ADHESIONS OF DESCENDING COLON</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>CHOLELITHIASIS</b>			INTERVAL BETWEEN ONSET AND DEATH <b>36 HOURS</b>
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19a. DATE OF OPERATION <b>12-2-52</b>	19b. MAJOR FINDINGS OF OPERATION <b>ADHESIONS CAUSING OBSTRUCTION OF DESCENDING COLON</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	
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?	

22. I hereby certify that I attended the deceased from **12-2-52**, 1952, to **12-7-52**, 1952, that I last saw the deceased alive on **12-7**, 1952, and that death occurred at **2:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Kenneth L. Rozmarino DO</b>		23b. ADDRESS <b>TRIPLETT, MO</b>	23c. DATE SIGNED <b>12-7-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>12-8-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>EVERGREEN CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>DEWITT MISSOURI</b>
DATE REC'D BY LOCAL REG. <b>12/8/52</b>	REGISTRAR'S SIGNATURE <b>Mr. Herbert Culbert</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>L. Maessel Brunswick</b>	

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

01710

MO

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

*L. McEisel*

Licensed Embalmer No.

822

P. O. Address

*Brunswick 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.