

DEC 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42947
State File No.

0730
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246-156

2001

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|--|-------------------------------|--|---|---|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>Newton</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Camp Crowder</u> | | 0730 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shoal Creek Twp.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>0</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> | | | b. (Middle) <u>A.</u> | | c. (Last) <u>O'Farrell</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4, 1952</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Single</u> | | 8. DATE OF BIRTH <u>Dec. 19, 1911</u> | 9. AGE (In years last birthday) <u>40</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>In Army</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Susun City California</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Unknown</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE _____ | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> | | 16. SOCIAL SECURITY NO. <u>In Service</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Army Records, Camp Crowder Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Chest:</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Multiple Fractures</u> DUE TO (c) <u>A one car accident, Car which he</u> II. OTHER SIGNIFICANT CONDITIONS <u>was driving and alone left Highway</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH _____ |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION: <u>and over turned.</u> | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Public Highway</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Newton County-Missouri</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-4-'52 1:20 a.m.</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Car overturned on curve.</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>19</u> , to _____, 19____, that I last saw the deceased alive on _____ 19____, and that death occurred at <u>1:20 a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Orley Thompson Sr. Coroner</u> | | | | 23b. ADDRESS <u>Neosho Missouri</u> | | 23c. DATE SIGNED <u>11/5/52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>11/6/52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Oakland California</u> | | 24d. LOCATION (City, town, or county) (State) <u>Neosho Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>11-6-52</u> | | REGISTRAR'S SIGNATURE <u>Ed O. James</u> | | FUNERAL DIRECTOR'S SIGNATURE <u>Orley Thompson Sr.</u> | | ADDRESS <u>Neosho Mo.</u> | |

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

RECEIVED

District Health Officer No.

NEWTON COUNTY HEALTH UNIT

District File Number 1252-278

Date Filled DEC 16 1952

NEOSHO, MISSOURI

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. 474

working under my personal supervision.

Student Ray P. Adams
Student Embalmer

Signed Cortey Thompson Jr.

Licensed Embalmer No. 4861

P. O. Address Neosho, 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.