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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-026514
STATE FILE NUMBER

FILED JUL 16 1958 Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 109

1. PLACE OF DEATH
a. COUNTY PIKE
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) LOUISIANA — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) PIKE Co. HOSPITAL — Length of stay in 1b 9 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY PIKE
c. CITY OR TOWN LOUISIANA 0821 0 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 520 W. 4th. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First LEA Middle NORA 0 Last FARRELL
4. DATE OF DEATH Month Day Year JULY 8, 1958

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Aug. 29, 1883
9. AGE (In years last birthday) 74 — 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) RETIRED SEAMSTRESS
10b. KIND OF BUSINESS OR INDUSTRY RETIRED SEAMSTRESS
11. BIRTHPLACE (City and state or country) ILL. 1
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME MATHEW FARRELL
13b. MOTHER'S MAIDEN NAME HENRETTA CROTTS
14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Address MR. W. J. FARRELL, LOUISIANA, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Acute Cerebro Vascular Accident with Left Hemiplegia — Sudden 6/30/58
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) Hypertensive Cardio-Vascular disease 1/2 wks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 30, 1958, to July 8, 1958 and last saw her/him alive on 7/7/58
Death occurred at 7:56 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert L. Andrese M.D.
22b. ADDRESS Louisiana, Mo.
22c. DATE SIGNED 7/11/58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 7/11/58
23c. NAME OF CEMETERY OR CREMATORY CATHOLIC CEMETERY
23d. LOCATION (City, town, or county) (State) PIKE Co., Mo.

24. FUNERAL DIRECTOR STERNE FUNERAL HOME — ADDRESS LOUISIANA Mo.
25. DATE RECD. BY LOCAL REG. July 14, 1958
26. REGISTRAR'S SIGNATURE Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 .....
Signature of Student Embalmer

Signed Virginia Stone Estabrook

Licensed Embalmer No. 4645

P. O. Address Louisiana, M

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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