

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009388

STATE FILE NUMBER

FILED APR 2 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1360

300
-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY LEAVENWORTH	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Har City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Leavenworth</i> 2150 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>3827 BALTIMORE</i>		Length of stay in lb <i>2 YRS.</i>	d. STREET ADDRESS (If outside, give location) <i>800 POTTAWATOMIE</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>CHRISTINA FARRELL</i>			4. DATE OF DEATH Month Day Year <i>MAR. 14, 1959</i>		
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>10-15-1875</i>	9. AGE (In years last birthday) <i>83</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEWIFE</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>AT HOME</i>	11. BIRTHPLACE (City and state or country) <i>LEAVENWORTH CO. KS.</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>CHAS. PENNOCK</i>		13b. MOTHER'S MAIDEN NAME <i>CHRISTINA WOLF</i>		14. NAME OF HUSBAND OR WIFE <i>FRANK FARRELL</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>L</i>		16. SOCIAL SECURITY NO. <i>L</i>	17. INFORMANT Address <i>MRS. RALPH STERLING - 3827 BALTIMORE Kc. Mo.</i>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Sepsis due to Multiple Infected Decubitus</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 Months.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Encephalomalacia, multiple</i>		<i>2 Years</i>
DUE TO (c) <i>Cerebral Arteriosclerosis</i>		<i>10 Years.</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 *Sept. 1958*, to *19 March 59* and last saw ^{her}him alive on *12 March 1959*
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Philip G. Kaul M.D.</i>	22b. ADDRESS <i>411 Nichols Rd.</i>	22c. DATE SIGNED <i>14 March 59</i>
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23a. BURIAL, CREMATION OR REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>3-14-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>ST. THOMAS</i>	23d. LOCATION (City, town, or county) (State) <i>SPRINGDALE, Ks.</i>
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24. FUNERAL DIRECTOR <i>Sumpter & Co. Leavenworth, Ks.</i>	25. DATE RECD. BY LOCAL REG. <i>3-14-59</i>	26. REGISTRAR'S SIGNATURE <i>new Marshall</i>
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Philip G. Kaul

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 Not Embalmed, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Richard W. Smyth

Licensed Embalmer No. 3862.....
P. O. Address Leodenworth

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.