

FILED DEC 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36936

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1032

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield 4</b>		c. LENGTH OF STAY (in this place) <b>11 years</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mary E Wilson Home</b>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield 7</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Rose</b> b. (Middle) <b>Feree</b> c. (Last) <b>Pickett</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>November 25, 1949</b>	

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug. 23, 1879</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Pennsylvania</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Leander Ferree</b>	13b. MOTHER'S MAIDEN NAME <b>Katherine Gilber</b>	14. NAME OF HUSBAND OR WIFE <b>---</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 <b>Mrs. Charles Worstell</b>	ADDRESS <b>Princeton, Iowa</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic General Arthritis</b> DUE TO (c) <b>bed fast about one year</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>inaction - starvation -</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from **Nov 15, 1949**, to **Nov 25, 1949**, that I last saw the deceased alive on **Nov 25, 1949**, and that death occurred at **10:00P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>A. H. Thomas, M.D.</b> (Degree or title)	23b. ADDRESS <b>324 Linden P.</b>	23c. DATE SIGNED <b>11/28/49</b>
--	-----------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 28, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Eastlawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Springfield, Mo.</b>
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. <b>11-29-49</b>	REGISTRAR'S SIGNATURE <b>W. E. Handley</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Alma Lehman</b>	ADDRESS <b>Springfield, Mo.</b>
--	--	---	---------------------------------

(Licensed Embalmer's Statement on Reverse Side)

39  
2  
6

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

---

---

**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.

Signed Bernard F. Wright

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4293

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.