

FILED APR 4 1950. THE DIVISION OF HEALTH OF MISSOURI. STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>El-Dorado Spgs</u>		c. LENGTH OF STAY (In this place) <u>49 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>107 W. MARTIN</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>El-Dorado Spgs</u>	
		d. STREET ADDRESS (If rural, give location) <u>107 W. Martin</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u>		b. (Middle)	
		c. (Last) <u>FERRY</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 12, 1861</u>	
9. AGE (In years last birthday) <u>89</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 24, 1950</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman retail</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mercantile</u>	
11. BIRTHPLACE (State or foreign country) <u>Rehersburg, Penn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Augustus Ferry</u>		13b. MOTHER'S MAIDEN NAME <u>Carolina Kerr</u>	
14. NAME OF HUSBAND OR WIFE <u>Oliver Ferry</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Oliver Ferry</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>	
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, asthma, etc.: It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR?	
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) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>15 Mar 1950</u> to <u>24 Mar 1950</u> , that I last saw the deceased alive on <u>23 Mar 1950</u> , and that death occurred at <u>1:30 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>John J. Hill</u>		23b. ADDRESS <u>El Dorado Springs, Mo.</u>	
23c. DATE SIGNED <u>3-24-50</u>		24. LOCATION (City, town, or county) (State) <u>El-Dorado Spgs Mo</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/26/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>El-Dorado Spgs</u>		24d. LOCATION (City, town, or county) (State) <u>El-Dorado Spgs Mo</u>	
DATE REC'D BY LOCAL REG. <u>APR 11, 1950</u>		REGISTRAR'S SIGNATURE <u>Thomas W. ...</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas W. ...</u>		ADDRESS <u>Funeral Home El-Dorado Spgs</u>	

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

RECEIVED
District Health Officer No. 7,
Lic. No. _____
Date Filed _____

~~_____~~
~~_____~~
~~_____~~
~~_____~~

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 George W. Hafner
Licensed Embalmer No. 2752
P. O. Address El Dorado Spgs

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.