

FILED MAY 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13699

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>181</u>		PRIMARY REG. DIST. NO. <u>4293</u>		Registrar's No. <u>9</u>			
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Elberry</u>		c. LENGTH OF STAY (If in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Elberry</u>		<u>1570</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>513 N. Third</u>				d. STREET ADDRESS (If rural, give location) <u>513 N. Third</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u>		b. (Middle) <u>William</u>		c. (Last) <u>Ferry</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 23, 1950</u>			
5. SEX <u>0</u> <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>April 29, 1866</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Manager of a Rock Quarry</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John Ferry</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Calvin</u>		14. NAME OF HUSBAND OR WIFE <u>Annie Ferry</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leighton Ferry Elberry, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>STRANGULATION WHILE EATING</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>BOLUS OF FOOD</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>				INTERVAL BETWEEN ONSET AND DEATH <u>45 MIN</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>057</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 bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Elberry Lincoln MISSOURI</u>		ADDF. 014 SUPERVISOR'S INFORMATION REQUESTED			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-23-1950 12:05 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Choked on bolus of food</u>					
22. I hereby certify that I attended the deceased from <u>MAR - 1946</u> , to <u>4-23, 1950</u> , that I last saw the deceased alive on <u>4-23, 1950</u> , and that death occurred at <u>1257 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>William M. D.</u>				23b. ADDRESS <u>ELSBERRY, MO</u>		23c. DATE SIGNED <u>4/25/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-25-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elberry-city Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Elberry, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4/25/50</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. A. Dwyer</u>		25. FUNERAL DIRECTOR'S SIGNATURE. ADDRESS <u>Elberry, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

District File Number

District Health Officer No. 9

RECEIVED
MAY 6 1950

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.....

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed *W. J. Edwards*

Licensed Embalmer No. *4012*

P. O. Address *Edsberry, 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.