

STANDARD CERTIFICATE OF DEATH

State File No. 27424

FILED SEP 6 1957

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Webb City		c. CITY (If outside corporate limits, write RURAL and give township) Oronogo	
c. LENGTH OF STAY (in this place) 4 Days		d. STREET ADDRESS (If rural, give location) 409 E. Central	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital			

3. NAME OF DECEASED a. (First) Mary b. (Middle) Catherine c. (Last) Ferrier			4. DATE OF DEATH August 28, 1951 (Month) (Day) (Year)		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Sept. 1, 1863		9. AGE (in years last birthday) 87		10. IF UNDER 1 YEAR Days 11 Hours 27 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Cole Camp, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Tytus England		13b. MOTHER'S MAIDEN NAME Mary Graham		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Blanche Ferrier, Oronogo, Mo.	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 7-20, 1951, to 8/28, 1951, that I last saw the deceased alive on 8/28, 1951, and that death occurred at 6:30A. m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]		23b. ADDRESS [Address]		23c. DATE SIGNED 8/29/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 30, 1951		24c. NAME OF CEMETERY OR CREMATORY Oronogo Cemetery	
				24d. LOCATION (City, town, or county) (State) Oronogo, Missouri	

DATE REC'D BY LOCAL REG. Aug 30-51		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston-Arnce-Simpson, Webb City, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 2-5-51

Jasper County Health Office

County File Number 51/8/701

Date Filed 9-5-51

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 Harvey E. Arnie

Licensed Embalmer No. 4463

P. O. Address Webb City, 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.