

FILED AUG 27 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

27597

State File No. _____

| | | | | | | | |
|--|--|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>193</u> | | PRIMARY REG. DIST. NO. <u>4306</u> | | Registrar's No. <u>61</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Mc Donald</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mc Donald</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Goodman</u> | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Goodman</u> | | | |
| c. LENGTH OF STAY (in this place) <u>40 years</u> | | | | d. STREET ADDRESS (If rural, give location) _____ | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | | d. STREET ADDRESS (If rural, give location) _____ | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Eliza</u> | | | b. (Middle) <u>Ella</u> | | | c. (Last) <u>Ferril</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>June 22 1951</u> | | | | | | | |
| 5. SEX <u>female</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | | 8. DATE OF BIRTH <u>May 21, 1862</u> | |
| 9. AGE (In years last birthday) <u>89</u> | | IF UNDER 1 YEAR Months _____ | | IF UNDER 1 YEAR Days _____ | | IF UNDER 1 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u> | | | 11. BIRTHPLACE (State or foreign country) <u>Illinois</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | | | |
| 13a. FATHER'S NAME <u>John Cobble</u> | | | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | | | 14. NAME OF HUSBAND OR WIFE <u>James B. Ferril</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | | 16. SOCIAL SECURITY NO. <u>none</u> | | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Chris Thrasher</u> ADDRESS <u>Goodman, Mo.</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | | | | | | |
| MEDICAL CERTIFICATION | | | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anoxemia</u> | | | | | | | |
| INTERVAL BETWEEN ONSET AND DEATH _____ | | | | | | | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. -It means the disease, injury, or complication which caused death. | | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | | | | | | |
| Antecedent Causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Failure of cardiac Musculature</u> | | | | | | | |
| DUE TO (c) <u>Senility</u> | | | | | | | |
| 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) <u>Goodman, Mo.</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | | | 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 <u>August 10, 1949</u> , to <u>June 22, 1951</u> , that I last saw the deceased alive on <u>June 22, 1951</u> , and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Harold B. Ward, D.O.</u> (Degree or title) | | | | 23b. ADDRESS <u>Goodman, Mo.</u> | | 23c. DATE SIGNED <u>6/27/51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>June 26, 1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Howard</u> | | 24d. LOCATION (City, town, or county) (State) <u>Goodman, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>Aug 18-51</u> | | REGISTRAR'S SIGNATURE <u>Mrs Ina Mastere</u> <u>459</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John B. Papineau</u> ADDRESS <u>Goodman, Mo.</u> | | | |

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

600
1

0600

mo.

DIVISION OF HEALTH OF MA.
District No. 5 - Springfield

RECEIVED

AUG 21 1951

Dist. File 851-1526

Date Filed 8-23-51

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 John B. Papineau

Licensed Embalmer No. 4446

P. O. Address Goodman M

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.