

FILED SEP 24 1951

STANDARD CERTIFICATE OF DEATH

State File No. 31029

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 296

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY OR TOWN <u>Sedalia</u>		c. CITY OR TOWN <u>Sedalia</u>	
c. LENGTH OF STAY (in this place) <u>60 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>107 E Cooper</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>107 E Cooper</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>T.</u> c. (Last) <u>Ferrell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 12, 1951</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>9-21-1867</u>		9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RR Employee</u>	
11. BIRTHPLACE (State or foreign country) <u>Pacific Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			

13a. FATHER'S NAME <u>James J. Ferrell Sr</u>		13b. MOTHER'S MAIDEN NAME <u>Underwood</u>		14. NAME OF HUSBAND OR WIFE <u>Susie Ferrell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>702-10-9835</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Susie Ferrell</u> ADDRESS <u>Sedalia 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Chronic Parenchymatous Splenitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Anasarca</u>		INTERVAL BETWEEN ONSET AND 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) <u>4201</u> (COUNTY) (STATE)	
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 June 3, 1951, to 9-12-, 1951, that I last saw the deceased alive on 9-12-, 1951, and that death occurred at 6P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. R. Maddox MD</u>		23b. ADDRESS <u>116 1/2 W. Union</u>		23c. DATE SIGNED <u>9-15-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-15-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Army</u>	
24d. LOCATION (City, town, or county) <u>Sedalia</u>		24e. (State) <u>Pettis Mo</u>			

DATE REC'D BY LOCAL REG. <u>9-18-51</u>		REGISTRAR'S SIGNATURE <u>A. Campbell MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. D. Ferguson</u> ADDRESS <u>Sedalia Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 4-22-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-22-51

SEP 24 1951

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 F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Ledalia

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.