

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

40978

State File No.

FILED DEC 31 1951

BIRTH NO. _____ REG. DIST. NO. 67 PRIMARY REG. DIST. NO. 5259 Registrar's No. 21

0220

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

0220

1. PLACE OF DEATH a. COUNTY <u>Bruner Mo Christian Co</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> COUNTY <u>Christian Co</u>		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Rural, Bruner, T.S</u>		c. LENGTH OF STAY (In this place) <u>48</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Bruner, T.S</u>		0220
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bruner Mo</u>			d. STREET ADDRESS (If rural, give location) <u>Bruner Mo</u>		
3. NAME OF DECEASED (Type or Print) <u>Johne</u>		a. (First)	b. (Middle) <u>L</u>	c. (Last) <u>Ferrell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 9, 1951</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>Jan 6, 1867</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Hiram ferrell</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Livingston</u>		14. NAME OF HUSBAND OR WIFE <u>Meda Ferrell</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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Meda Ferrell, Bruner, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Vascular Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			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) (COUNTY) (STATE)		331X
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>Jan</u> , 1951, to <u>Dec-9-</u> , 1951, that I last saw the deceased alive on <u>Dec 9-</u> , 1951, and that death occurred at <u>6</u> p m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>R. Warren P. Wilson, M.D.</u>			23b. ADDRESS <u>Sparta, Miss.</u>		23c. DATE SIGNED <u>Dec-18-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 12, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bruner Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Christian Co Mo</u>		
DATE REC'D BY LOCAL REG. <u>Dec. 22, 1951</u>		REGISTRAR'S SIGNATURE <u>Nelson Blivins</u>	454	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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

RECEIVED / DEC 27 1951

Dist. File 12-27-3129

Date Filed 12-28-51

JUL 12 1954

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.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.