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FILED JAN 21 1952

REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 52

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

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD	
d. FULL NAME OF HOSPITAL OR INSTITUTION BURGE HOSPITAL		d. STREET ADDRESS (If rural, give location) 830 S. BROADWAY	

3. NAME OF DECEASED a. (First) AMANDA b. (Middle) ELIZABETH c. (Last) FERRELL		4. DATE OF DEATH JAN. 16 1952	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH July 25, 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 81
11. BIRTHPLACE (State or foreign country) CA, California		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME HENRY STAPP		13b. MOTHER'S MAIDEN NAME SARAH SMITH		14. NAME OF HUSBAND OR WIFE WILLIAM (DECEASED)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. H. E. HUMBLE - Sp'g, 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 6 days	
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) 4-93X	
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 Jan 6, 1952, to 1, 6, 1952; that I last saw the deceased alive on 1, 6, 1952, and that death occurred at 1:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. M. Muehler M.D.		23b. ADDRESS 505 Med. Arts Bldg., Springfield, Mo.		23c. DATE SIGNED Jan. 17, 1952	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN. 25, 1952		24c. NAME OF CEMETERY OR CREMATORY PALMETTO CEMETERY		24d. LOCATION (City, town, or county) (State) GREENE CO. MO.	
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DATE REC'D BY LOCAL REG. 1-17-52		REGISTRAR'S SIGNATURE James H. Amor		25. FUNERAL DIRECTOR'S SIGNATURE Kelley Ferrell-Cargman		ADDRESS Rogersville, Mo.	
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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 K. H. Kelley

Signed.....
Student Embalmer

Licensed Embalmer No. 3334

P. O. Address Fairland 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.