

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **5592**

No. 300  
10-48 FEB 27 1952

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

BIRTH NO. _____		REG. DIST. NO. <b>171</b>	PRIMARY REG. DIST. NO. <b>4268</b>	Registrar's No. _____
<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).		
a. COUNTY <b>LAFAYETTE COUNTY</b>		a. STATE <b>MISSOURI</b> b. COUNTY <b>LAFAYETTE</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MAYVIEW</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CONCORDIA</b>		
c. LENGTH OF STAY (In this place) <b>8 Months</b>		d. STREET ADDRESS (If rural, give location) <b>RURAL 5 MI SOUTH WEST CONCORDIA MO.</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RILEY REST HOME</b>				
<b>3. NAME OF DECEASED</b>		<b>4. DATE OF DEATH</b>		(Month) (Day) (Year)
a. (First) <b>EDWARD</b>		b. (Middle) <b>O</b>		c. (Last) <b>FERRING</b>
(Type or Print)		<b>FEB 21 1952</b>		
<b>5. SEX</b> <b>MALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>WIDOWED</b>	<b>8. DATE OF BIRTH</b> <b>OCT 27 1873</b>	<b>9. AGE</b> (In years last birthday) <b>78</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>FARMING</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>FARMING</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>CONCORDIA MO</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
<b>13a. FATHER'S NAME</b> <b>DIETRICH FERRING</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>CAROLINA DEDEKE</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>SOPHIA FERRING DEGUARD</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>No</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>E.S. FERRING</b>
				<b>ADDRESS</b> <b>CONCORDIA MO</b>
<b>18. CAUSE OF DEATH</b>		<b>MEDICAL CERTIFICATION</b>		
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Generalized Arteriosclerosis</b>		
		INTERVAL BETWEEN ONSET AND DEATH <b>UNKNOWN</b>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused 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 <b>Arteriosclerotic gangrene left foot</b>		
		Conditions contributing to the death but not related to the disease or condition causing death.		
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>
<b>22. I hereby certify that I attended the deceased from 12-30, 1951, to 1-29, 1952, that I last saw the deceased alive on 1-29, 1952, and that death occurred at 4:25 p.m., from the causes and on the date stated above.</b>				
<b>23a. SIGNATURE</b> <b>E. S. Ferring M.D.</b>		<b>23b. ADDRESS</b> <b>Higginsville, Mo.</b>		<b>23c. DATE SIGNED</b> <b>2-23-52</b>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>BURIAL</b>		<b>24b. DATE</b> <b>FEB 24 1952</b>		<b>24c. NAME OF CEMETERY OR CRYPTORY</b> <b>ST. MATTHEWS CHURCHERY</b>
				<b>24d. LOCATION (City, town, or county) (State)</b> <b>ERNESTVILLE NEAR CONCORDIA MO</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>2-23-52</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Emma Davidson</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>E. S. Ferring</b>
				<b>ADDRESS</b> <b>Concordia, Mo.</b>

(Licensed Embalmer's Statement on Reverse Side)

**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed E. D. Jones

Licensed Embalmer No. 2058

P. O. Address Corvallis, 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.