

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28601

State File No. ....

4185

FILED SEP 11 1953

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Kansas City</b> )		c. LENGTH OF STAY (In this place) <b>1 week</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Belton</b> <span style="float: right;">0190</span>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Elms Nursing Home</b>			d. STREET ADDRESS (If rural, give location) <b>819 Second Street</b>			
3. NAME OF DECEASED (Type or Print)	a. (First) <b>Earl</b>	b. (Middle) <b>Briant</b>	c. (Last) <b>Ferrel</b>	4. DATE OF DEATH	(Month) <b>8</b> (Day) <b>24</b> (Year) <b>53</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1-24-78</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Builder</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	11. BIRTHPLACE (State or foreign country) <b>Belton, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>George W. Ferrel</b>		13b. MOTHER'S MAIDEN NAME <b>Louisa E. Bane</b>		14. NAME OF HUSBAND OR WIFE <b>Nellie G. Ferrel</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>487-12-7237</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>George Ferrel, Plattsburg, Mo.</b>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>BRONCHOPNEUMONIA</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause* (a) stating the underlying cause last. DUE TO (b) <b>PULMONARY HYPOSTASIS</b> DUE TO (c) <b>ARTERIO-SCLEROTIC CARDIOVASCULAR DISEASE</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>(1) SENILE DEMENTIA ARTERIO-SCLEROTIC</b> <b>(2) PARALYSIS AGITANS.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>5 days</b> <b>5 YRS.</b> <b>2 YRS.</b>	
19a. DATE OF OPERATION <b>NONE</b>	19b. MAJOR FINDINGS OF OPERATION <b>NONE</b> <span style="float: right;">4221</span>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NONE</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>KANSAS CITY, JACKSON, MISSOURI</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>NONE</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>NONE</b>				
22. I hereby certify that I attended the deceased from <b>DEC. 31, 1945</b> , to <b>AUGUST 23, 1953</b> ; that I last saw the deceased alive on <b>AUG. 23, 1953</b> , and that death occurred at <b>3:30A</b> m., from the causes and on the date stated above.						
23a. SIGNATURE <b>Herbert A. Tracy</b> (Degree or title) <b>M.D.</b>			23b. ADDRESS <b>BELTON, Mo.</b>		23c. DATE SIGNED <b>8-25-53</b>	
24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8-26-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Belton Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Belton, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>8-26-53</b>	REGISTRAR'S SIGNATURE <b>Sheraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E. K. George &amp; Sons, Belton, Mo</b> <b>By St. Gaudard</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A

**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

*Stephen E. Goddard*

Licensed Embalmer No. 4911

P. O. Address Grandview, Missouri

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.