No. 300
10.48

FILED AUG 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29423

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4364 Registrar's No. 24

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

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stella
c. LENGTH OF STAY (in this place): 30 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cardwell Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: McDonald
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R.F.D. Jane, Missouri
d. STREET ADDRESS (If rural, give location): 0600 0

3. NAME OF DECEASED (Type or Print)
a. (First): Carrie
b. (Middle):
c. (Last): Ferry

4. DATE OF DEATH (Month) (Day) (Year): August 8, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ~~Married~~ Never
8. DATE OF BIRTH: June 24, 1885
9. AGE (In years last birthday): 68
If under 1 year: Months 1 Days 15
If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Charles Nelson Ferry
13b. MOTHER'S MAIDEN NAME: Dora A. Balker
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No ~~Yes~~
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: John D. Ferry
ADDRESS: Jane, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Uterus — INTERVAL BETWEEN ONSET AND DEATH: 4 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fracture of Hip — 1 Month
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
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19a. DATE OF OPERATION: 8-8-53
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Uterus + Bowels
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Jane, McDonald Co. Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-1-53 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell in yard — in Grass

22. *I hereby certify that I attended the deceased from* 7-1-, 1953, *to* 8-8-, 1953, *that I last saw the deceased alive on* 8-8-, 1953 *and that death occurred at* 6:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. Cardwell M.D.
23b. ADDRESS: Stella Mo
23c. DATE SIGNED: 8/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-11-53
24c. NAME OF CEMETERY OR CREMATORY: Sims-Bury Cemetery
24d. LOCATION (City, town, or county): Jane (State): Mo.

DATE REC'D BY LOCAL REG.: 8-12-53
REGISTRAR'S SIGNATURE: Alpha Dyer 369 0
25. FUNERAL DIRECTOR'S SIGNATURE: Floren K. Lauber
ADDRESS: Burns Funeral Home, Bentonville, Ark.

(Licensed Embalmer's Statement on Reverse Side)
Ark. Lic. #978

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT

District File Number 253-158

Date Filed AUG 20 1953

NEOSHO, MISSOURI

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 Floren K. Faulen

Ark. Licensed Embalmer No. 978

P. O. Address Rogers, Ark.

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.