

FILED AUG 30 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29506

BIRTH NO. REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 126

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston, Missouri</b>		c. LENGTH OF STAY (in this place) <b>10 mo</b>	c. CITY OR TOWN <b>Sikeston</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home 727 Delmar</b>		e. STREET ADDRESS (If rural, give location) <b>727 Delmar St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Harry</b> b. (Middle) <b>(N)</b> c. (Last) <b>Ferrell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 5 1954</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>Feb. 29, 1888</b>	9. AGE (in years last birthday) <b>66</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Real Estate</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Real Estate</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Vincennes, Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Mary L. Ferrell</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NO.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mary L. Ferrell Sikeston, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Cardiac Vascular</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <b>Renal Disease</b>		DUE TO (c) <b>Mitral Regurgitation</b>		
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 <b>410 X</b>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **4-29**, 19**54**, to **7-4**, 19**54**; that I last saw the deceased alive on **7/4**, 19**54**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Harmon C. M. Cline MD</b>		23b. ADDRESS <b>Sikeston Mo</b>		23c. DATE SIGNED <b>7/6/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-7-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetary</b>	
				24d. LOCATION (City, town, or county) (State) <b>Sikeston, Scott, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>8-21-54</b>		REGISTRAR'S SIGNATURE <b>Mrs. O. A. Hunter</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. McMillan</b>	
				ADDRESS <b>4291</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED AUG 23 1954  
SCOTT CO. HEALTH DEPT.  
CO. FILE No. 854-181

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.....  
Signature of Student Embalmer

Signed *[Signature]*  
Licensed Embalmer No. 469  
P. O. Address *[Signature]*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.