

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39695

FILED JAN 9 1956

State File No.
Registrar's No. 1376

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 20 yrs 9 mos 13 days	c. CITY OR TOWN Weston
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #2		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location)		0831	

3. NAME OF DECEASED (Type or Print) HATTIE	a. (First)	b. (Middle)	c. (Last) FERRIL	4. DATE OF DEATH DEC 17, 1955	(Month) (Day) (Year)
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH unknown	9. AGE (In years last birthday) Abt 80	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school teacher	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME J. R. Ferril	13b. MOTHER'S MAIDEN NAME Mary Downing	14. NAME OF HUSBAND OR WIFE none
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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. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. E. B. Shannon, Dearborn, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		Oct 25, 1955
	ANTECEDENT CAUSES DUE TO (b) Cerebral arteriosclerosis DUE TO (c) Psychotic		10 yrs +
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331x	20 yrs +

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Jan 1, 1955**, to **Dec 17, 1955**, that I last saw the deceased alive on **Dec 16, 1955**, and that death occurred at **12:40A m.**, from the causes and on the date stated above.

23. SIGNATURE O. E. Goswami M.D.	(Degree or title)	23b. ADDRESS State Hospital #2, City	23c. DATE SIGNED 12-31-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Dec 18, 1955	24c. NAME OF CEMETERY OR CREMATORY Dearborn Cemetery	24d. LOCATION (City, town, or county) (State) Dearborn, Mo.
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DATE REC'D BY LOCAL REG. Jan 3, 1956	REGISTRAR'S SIGNATURE Kathleen M. Allison	485-0	25. FUNERAL DIRECTOR'S SIGNATURE Walter R. Vaughn - Dearborn, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *W. R. Vaughn*.....

Licensed Embalmer No. *402*.....

P. O. Address *Weston*.....

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.