

FILED JUN 5 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16922

State File No. ....

BIRTH NO. .... REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4273 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>CONCORDIA</u>	c. LENGTH OF STAY (in this place) <u>11 YRS</u>	c. CITY OR TOWN <u>CONCORDIA</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10<sup>th</sup> ORANGE ST.</u>		e. STREET ADDRESS (If rural, give location) <u>10<sup>th</sup> ORANGE ST. 0540</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MAGDALENA</u>	b. (Middle) <u>SOPHIA</u>	c. (Last) <u>FERRING</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 29 1956</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>AUG. 30. 1876</u>	9. AGE (In years last birthday) <u>79</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home Work</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CONCORDIA, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>CHARLES OTTING</u>	13b. MOTHER'S MAIDEN NAME <u>DORIS WENDS</u>	14. NAME OF HUSBAND OR WIFE <u>HENRY H. FERRING</u>	DECEASED
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ESTER FERRING</u> ADDRESS <u>CONCORDIA, MO</u>	

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		INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cerebral Hemorrhage</u>	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardio-vascular disease</u>		<u>Several years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443x</u>	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 May 10, 1952 to May 29, 1956, that I last saw the deceased alive on May 29, 1956, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. B. Brady M.D.</u> (Degree or title)	23b. ADDRESS <u>Concordia, Mo</u>	23c. DATE SIGNED <u>5/31/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>JUNE 1, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. PAUL'S</u>
24d. LOCATION (City, town, or county) (State) <u>CONCORDIA MO</u>	DATE REC'D BY LOCAL REG. <u>June 1-1956</u>	REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>E. A. James</u>	ADDRESS <u>Concordia, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed.....E. S. James.....

Licensed Embalmer No. 205.....

P. O. Address Concord.....

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.