

FILED OCT 5 1956

STANDARD CERTIFICATE OF DEATH

State File No. 31211

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) Holden		c. CITY OR TOWN Belton	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 weeks		e. STREET ADDRESS (If rural, give location) Belton, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION Holden Hospital,			

3. NAME OF DECEASED (Type or Print) a. (First) WARREN		b. (Middle) OLDS		c. (Last) FERRIS		4. DATE OF DEATH (Month) (Day) (Year) SEPT 27, 1956	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 19, 1897		9. AGE (In years last birthday) 59	10. IF UNDER 1 YEAR Months 2 Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor		10b. KIND OF BUSINESS OR INDUSTRY Westinghouse		11. BIRTHPLACE (City and State or Foreign Country) Newton Falls, N. Y.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John L. Ferris		13b. MOTHER'S MAIDEN NAME Edna Olda		14. NAME OF HUSBAND OR WIFE Olive L. Ferris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W. W. #1		16. SOCIAL SECURITY NO. 486-05-2635		17. INFORMANT'S SIGNATURE OR NAME Olive L. Ferris, Kingsville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Intestinal obstruction following Cholecystectomy		
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 585x		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)		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 9-1-56, 19, to 9-27-56, 19, that I last saw the deceased alive on 9-27-56, 19, and that death occurred at 4:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G. W. Moreland		23b. ADDRESS Holden Mo		23c. DATE SIGNED 9-28-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 30, '56		24c. NAME OF CEMETERY OR CREMATORY Kingsville Cemetery	
				24d. LOCATION (City, town, or county) (State) Kingsville, Missouri.	

DATE REC'D BY LOCAL REG. 10-1-56		REGISTRAR'S SIGNATURE Mrs H. V. Redford		25. FUNERAL DIRECTOR'S SIGNATURE Canaday & Ropp, Holden, Missouri	
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(Licensed Embalmer's Statement on Reverse Side)

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

150

101 5 1958

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 *M. J. Canaday*.....

Licensed Embalmer No. *1343*

P. O. Address *Holden*

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.