THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36906
STATE FILE NUMBER

FILED NOV 19 1956

Registration District No. 3000 Primary Registration District No. 5000 Registrar's No. 342

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN: Kirksville RR — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Adair
c. CITY OR TOWN: Kirksville — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS: RFD # 3 (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Drew Middle: P. Last: Ferris

4. DATE OF DEATH Month Day Year: 11/13/56

5. SEX: female

6. COLOR OR RACE: White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: 9/5/1896

9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: domestic

11. BIRTHPLACE (City and state or country): Ethel, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dr. James B. Pound

14. MOTHER'S MAIDEN NAME: Mary Ann Jenkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT Address: Chas. F. Ferris-Kirksville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 2:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert B. Davis (Degree or title) Coroner Adair County 3

22b. ADDRESS: Kirksville, Mo

22c. DATE SIGNED: 11-14-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11/15/56

23c. NAME OF CEMETERY OR CREMATORY: Hill Crest Mem. Park

23d. LOCATION (City, town, or county) (State): Ft. Madison, Iowa

24. FUNERAL DIRECTOR ADDRESS: Davis & Davis-Kirksville, Mo.

25. DATE RECD. BY LOCAL REG.: 11-15-56

26. REGISTRAR'S SIGNATURE: Kate Lambert

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

.VS SEP 7 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert B. Flan

Licensed Embalmer No. 42

P. O. Address Kirksvil

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.