

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11768

FILED MAR 29 1957

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Charleston 0672		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hosp.			Length of stay in 1b 5 hrs		d. STREET ADDRESS 201 Franklin St.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Earcy Earl Ferrell First Middle Last				4. DATE OF DEATH March 3, 1957 Month Day Year				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 1, 1886		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY Farm & Store		11. BIRTHPLACE (City and state or country) Calloway County, Ky.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME David Elisha Ferrell				14. MOTHER'S MAIDEN NAME Margaret Ann Tackwell				
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. 198 110 1917		17. INFORMANT Address Mr. Galen Ferrell, Charleston, Mo.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident							INTERVAL BETWEEN ONSET AND DEATH 24 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Arteriosclerotic heart disease and congestive heart failure.						
		DUE TO (c) Diabetes mellitus.						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 3-3-57 to 3-3-57 and last saw him him alive on 3-3-57 Death occurred at 11 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Carl G. Rogers (Describe or title) M. D.				22b. ADDRESS Sikeston, Mo.			22c. DATE SIGNED 3/4/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/5/57	23c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery		23d. LOCATION (City, town, or county) (State) Charleston, Mo.			
24. FUNERAL DIRECTOR John H. Hummel ADDRESS THE NUNNELEE FUNERAL CHAPEL Charleston, Mo.			25. DATE RECD. BY LOCAL REG. 3-19-57		26. REGISTRAR'S SIGNATURE Mrs. Ella Henders			

Charleston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED MAR 25 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 357-59

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 John F. Annelle

Licensed Embalmer No. 385

P. O. Address Charleston
WV

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.