

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

706

State File No.

FILED JAN 22 1958

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5330 Registrar's No. 2

280

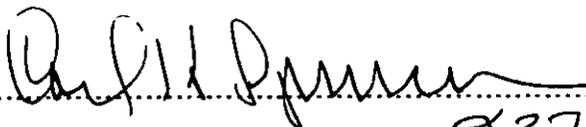
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>rural-Osage</u>		c. LENGTH OF STAY (in this place) <u>3 mo.</u>	c. CITY OR TOWN <u>Salem</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cherryville</u>		e. STREET ADDRESS (If rural, give location) <u>rt 4</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Jane</u> c. (Last) <u>Ferrell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 14 1958</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1-21-1895</u>
9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Texas Co Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Douglas M Simpson</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Brandingburg</u>		14. NAME OF HUSBAND OR WIFE <u>Ed Ferrell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>X</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Tommy King</u>		ADDRESS <u>Salem Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile debility</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death. <u>Extensive hypertrophic arthritis 4 yrs.</u>		20. AUTOPSY? <u>2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
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 <u>June 11, 1957</u> , to <u>Jan 14, 1958</u> , that I last saw the deceased alive on <u>Jan 14, 1958</u> and that death occurred at <u>11:55 AM</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>Steelville Mo</u>	
23c. DATE SIGNED <u>1/17/58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1-16-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fraser Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Dent Co Mo</u>		DATE, REC'D BY LOCAL REG. <u>1/17/58</u>	
REGISTRAR'S SIGNATURE <u>Mrs. Hazel Lichius</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	
ADDRESS <u>Salem Mo</u>		ADDRESS <u>[Address]</u>	

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 

Licensed Embalmer No. 237

P. O. Address Salina, KS

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.