

FILED APR 28 1958

Registration District No. 164 Primary Registration District No. 3037 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY JOHN SON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JOHNSON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WARRENSBURG		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN CONCORDIA, MO		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MEDICAL CENTER			Length of stay in lb 3 DAYS		d. STREET ADDRESS 9 MI SW CONCORDIA, MO			Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last PENNIE LYN FERRING				4. DATE OF DEATH Month Day Year APRIL 24 1958					
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH APRIL 21, 1958	9. AGE (In years last birthday) 3		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) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and state or country) WARRENSBURG, MO		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13. FATHER'S NAME RALPH FERRING				14. MOTHER'S MAIDEN NAME ETHYLENE KANOPY					
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. NO		17. INFORMANT RALPH FERRING Address CONCORDIA, 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) <i>Cytic Fibrosis</i>								INTERVAL BETWEEN ONSET AND DEATH 3 Days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								5873	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Pneumonia</i>								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 WARRENSBURG, MO		COUNTY		STATE	
21. I attended the deceased from <i>4-20-58</i> to <i>4-24-58</i> and last saw her alive on _____ Death occurred at <i>2:20 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>E. S. James</i> (Degree or title)					22b. ADDRESS Warrensburg Mo			22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county)		(State)	
<i>Burial</i>		<i>7/24/58</i>	<i>Zion Hill</i>			<i>CONCORDIA</i>		<i>MO</i>	
24. FUNERAL DIRECTOR <i>E. S. James</i> ADDRESS <i>Concordia, Mo</i>				25. DATE RECD. BY LOCAL REG. <i>Apr. 26, 1958</i>		26. REGISTRAR'S SIGNATURE <i>Susan W. Britchfield</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

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1-56

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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. 20.....
P. O. Address Concordia.....

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.