Health, & Welfare Public Service

S. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-022663
STATE FILE NUMBER

FILED JUL 9 1958 Registration District No. 236 Primary Registration District No. 5818 Registrar's No. 49

1. PLACE OF DEATH
a. COUNTY Morgan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moreau Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 4 M. W. Barnett — Length of stay in Hospital 40 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Morgan
c. CITY OR TOWN Barnett — Inside Limits Yes ☐ No ☒
STREET ADDRESS (If outside, give location) 4 M. W. Barnett, — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Calvin Middle Eli Last Ferrin
4. DATE OF DEATH Month June Day 26 Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Feb. 1, 1877
9. AGE (In years last birthday) 81 — 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Montpelier, Ind.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Joseph Ferrin
13b. MOTHER'S MAIDEN NAME Rozie Brown
14. NAME OF HUSBAND OR WIFE Ethel Gates
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Mrs Ethel Ferrin Barnett, Address 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) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH One month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 332X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 May 1958 to June 26 1958 and last saw ~~her~~ him alive on June 26 1958
Death occurred at 11:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jack Brun M.D. (Degree or title)
22b. ADDRESS Versailles, Mo.
22c. DATE SIGNED 6.27.58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 28 June 58
23c. NAME OF CEMETERY OR CREMATORY Big Rock Cemetery
23d. LOCATION (City, town, or county) Morgan Co., (State) Mo.

24. FUNERAL DIRECTOR D. F. Kidwell ADDRESS Versailles, Mo.
25. DATE RECD. BY LOCAL REG. 6-30-58
26. REGISTRAR'S SIGNATURE J L Nash

(Licensed Embalmer's Statement on Reverse Side)

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.

JUL 8 1959

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 Raymond Forker

Licensed Embalmer No. 4626

P. O. Address Vassalboro, Me

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.