

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000496
STATE FILE NUMBER

FILED JAN 19 1959 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY CAPE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAPE GIRARDEAU MO		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN CHAFFEE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SOUTHEAST MO. HOSP. 1 DAY		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 206 HELEN Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last RUBY FERRIELL			4. DATE OF DEATH Month Day Year JAN 6 1959		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH MAR 12 - 1903	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months Days Hours Min. 9 26

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) CAPE GIRARDEAU MO	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME NO RECORD		13b. MOTHER'S MAIDEN NAME NO RECORD		14. NAME OF HUSBAND OR WIFE FRANK FERRIELL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address Mrs. R. G. Rannai-Chaffee Mrs
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pulmonary embolus			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Right auricular thrombosis		
	DUE TO (c) Subacute bacterial endocarditis		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Aortic stenosis			19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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.) 4300		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Cape Girardeau, Mo.	COUNTY SCOTT	STATE MO.
21. I attended the deceased from 12/29/58 to 1-6-59 and last saw her alive on 1-6-59 Death occurred at 7:15 PM m on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) Gordon M. Nunnally, M.D.	22b. ADDRESS Cape Girardeau, Mo.	22c. DATE SIGNED 1-9-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) B.	23b. DATE Jan 8 - 1959	23c. NAME OF CEMETERY OR CREMATORY Union Park Cem.	23d. LOCATION (City, town, or county) (State) CHAFFEE MO.
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24. FUNERAL DIRECTOR STUBBS' Funeral Home	ADDRESS CHAFFEE	25. DATE RECD. BY LOCAL REG. Jan 12, 1959	26. REGISTRAR'S SIGNATURE Mrs. Homer Cooper
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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-57

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 *Eugene L. Stubb*

Licensed Embalmer No. *5012*
P. O. Address *Chaffee, Mo.*

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.