

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000705

STATE FILE NUMBER

Registration District No. 62 Primary Registration District No. 4108 Registrar's No.

1. PLACE OF DEATH a. COUNTY Cedar b. CITY Stockton c. FULL NAME OF DECEASED CARRIE FERGUSON WRENN 4. DATE OF DEATH Feb. 2, 1962 5. SEX Female 6. COLOR OR RACE White 7. Married Widowed 8. DATE OF BIRTH 10/5/88 9. AGE 73 10a. USUAL OCCUPATION Housewife 10b. KIND OF BUSINESS Own Home 11. BIRTHPLACE Stockton, Mo. 12. CITIZENSHIP U.S.A. 13a. FATHER'S NAME Samuel Kerr 13b. MOTHER'S MAIDEN NAME Margaret Ackason 14. NAME OF HUSBAND OR WIFE Clyde Wrenn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. None 17. INFORMANT T.C. Wrenn, Stockton, Mo. 18. CAUSE OF DEATH PART I. IMMEDIATE CAUSE (a) Coronary Occlusion (b) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH PART III. If deceased was female was there a pregnancy in last 90 days. 19. WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. 20c. TIME OF INJURY 20d. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK 20e. PLACE OF INJURY 20f. CITY, TOWN, OR LOCATION COUNTY STATE 21. I attended the deceased from 2-2-62 and last saw her alive on 6:45 A m on the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE Wm. B. Richter MD 22b. ADDRESS Stockton, Mo. 22c. DATE SIGNED 2-3-62 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2-4/1962 23c. NAME OF CEMETERY OR CREMATORY Stockton City Cem. 23d. LOCATION (City, town, or county) Stockton, Mo. 24. FUNERAL DIRECTOR ADDRESS CANTLON Fun. Home, STOCKTON, Mo. 25. DATE RECD. BY LOCAL REG. 2-3-62 26. REGISTRAR'S SIGNATURE Mrs Geneva Cantlon

AMENDED DATE AMENDED AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF ITEM NO. SHOULD READ

MAR 21 1962

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 C. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stockton, Md.

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.