

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039307

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 172 Primary Registration District No. 4273 Registrar's No. 84 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 30 1962

VS 300
Rev. 4/59

10540

20540

3

4 0

5 2

6

7 0

8 2

9 4201

10

11

12 90-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>CONCORDIA</u>		c. CITY OR TOWN <u>CONCORDIA</u>	
Length of stay in 1b <u>22 MONTHS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>408 MAGDALENA ST</u>		d. STREET ADDRESS (If outside, give location) <u>408 MAGDALENA ST</u>	
3. NAME OF DECEASED (Type or print) First <u>PAUL</u> Middle <u>GUSTAV</u> Last <u>FERRING</u>		4. DATE OF DEATH Month <u>OCT</u> Day <u>21</u> Year <u>1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT 4, 1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>	11. BIRTHPLACE (City and state or country) <u>CONCORDIA, MO</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		13. FATHER'S NAME <u>GUSTAV FERRING</u>	
14. MOTHER'S MAIDEN NAME <u>MARIE NIEMAN</u>		15. NAME OF HUSBAND OR WIFE <u>BERTHA FERRING DECEASED</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR I</u>		17. INFORMANT <u>6 ELDON FERRING CONCORDIA, MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) <u>Hypertension -</u> DUE TO (c) <u>Glomerulonephritis -</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>-</u>		INTERVAL BETWEEN ONSET AND DEATH <u>-</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <u>-</u>		20c. TIME OF INJURY Hour <u>-</u> a.m. <u>-</u> p.m. <u>-</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>	
20f. CITY, TOWN, OR LOCATION <u>-</u>		COUNTY <u>-</u> STATE <u>-</u>	
21. I attended the deceased from <u>6/9/61</u> to <u>10/21/62</u> and last saw him alive on <u>10/21/62</u> . Death occurred at <u>Concordia, Mo. 3:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Edmund H. Speck M.D.</u>		22b. ADDRESS <u>Concordia, Mo.</u>	
22c. DATE SIGNED <u>10/22/62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
23b. DATE <u>10/25/62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ST. PAUL'S</u>	
23d. LOCATION (City, town, or county) <u>CONCORDIA, MO</u>		24. EMBALMER DIRECTOR <u>E. S. Jordan</u>	
25. DATE RECD. BY LOCAL REG. <u>Oct. 24-62</u>		26. REGISTRAR'S SIGNATURE <u>Lutia Gordon Jordan</u>	

NOV 1 1962

NOV 2 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 me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. S. J...

Licensed Embalmer No. 2058

P. O. Address Commodore 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.