

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11984

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3028 Registrar's No. 73

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Owensville</u>	
c. LENGTH OF STAY (in this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>9</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Susan</u>	b. (Middle) <u>Estella</u>	c. (Last) <u>Ferrell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 1 1949</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept. 20, 1867</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		11. BIRTHPLACE (State or foreign country) <u>Alba, New York</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Edward Brittan</u>	13b. MOTHER'S MAIDEN NAME <u>Ann Manchester</u>	14. NAME OF HUSBAND OR WIFE <u>Dr. John James Ferrell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>--</u>	16. SOCIAL SECURITY NO. <u>--</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John William AufderHeide</u>	ADDRESS <u>Owensville</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left Hemiplegia - Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	DUE TO (c) <u>Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			<u>8 yrs.</u> <u>8 yrs.</u> <u>33 1/2 x</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-28, 1949, to 5-1, 1949, that I last saw the deceased alive on 5-1, 1949, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paula Bruner M.D.</u>	(Degree or title)	23b. ADDRESS <u>Owensville, Mo.</u>	23c. DATE SIGNED <u>5-2-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-3-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Owensville Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 3 1949</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	99	25. FUNERAL DIRECTOR'S SIGNATURE <u>Michael H.H. [Signature]</u>	ADDRESS <u>OWENSVILLE</u>
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RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 10 1948

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
Student Embalmer

Signed Melford H. H. White

Licensed Embalmer No. 3838

P. O. Address Owensville 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 this body is not embalmed, fact should be so stated above.