

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18355

FILED MAY 17 1949

State File No.

BIRTH NO. _____ REG. DIST. NO. 391 PRIMARY REG. DIST. NO. 6153 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>rural Pike</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>rural Pike</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>near Advance, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ABNER</u>	b. (Middle) <u>FOSTER</u>	c. (Last) <u>McFERRON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 19, 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 13 1894</u>	9. AGE (In years last birthday) <u>55</u>	10. UNDER 1 YEAR Months <u>3</u> Days <u>6</u>	11. UNDER 2 yrs. Hours _____ Min. _____
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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>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Kelso, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Edgar M. McKean</u>	13b. MOTHER'S MARDEN NAME <u>Adelia Ansell</u>	14. NAME OF HUSBAND OR WIFE <u>Grace Ballinger</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give part or date of service) <u>yes World War I</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Grace McKean, Advance, Mo.</u>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>22 Calibre rifle wound in right side of head.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Being self-inflicted.</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>E97LX</u>

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>County road</u>	21c. TOWNSHIP (COUNTY) (STATE) <u>Pike Stoddard Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 19, 1949 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Self-inflicted</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:00 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Way W. Stoney, Coroner</u>	23b. ADDRESS <u>Dexter, Missouri</u>	23c. DATE SIGNED <u>4-19-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 21, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Advance, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4-25-49</u>	REGISTRAR'S SIGNATURE <u>Bennie M. ...</u>	360	25. GENERAL DIRECTOR'S SIGNATURE <u>Clayton S. Morgan</u>	ADDRESS <u>Advance, Mo.</u>
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No. 300
 10. 48
 103
 200-506
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5/10/11
J. W. L. 11/12

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 _____

William A. Morgan

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

William A. Morgan

Licensed Embalmer No. *4640*

P. O. Address *Adverssee, 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.