

STANDARD CERTIFICATE OF DEATH

FILED JUL 20 1949

State File No. ....

No. 300  
10-48

1700

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5135 Registrar's No. 2357

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Ashhill Township</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff Rural</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1</b>		d. STREET ADDRESS (If rural, give location) <b>Route No. 4</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Larrylee</b> c. (Last) <b>Ferrell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 8, 1949</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>0</b>	8. DATE OF BIRTH <b>June 18, 1948</b>
9. AGE (In years last birthday) <b>I 0 20</b>		IF UNDER 1 YEAR: Months <b>0</b> Days <b>20</b> IF UNDER 14 HRS. Hours <b>0</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Kennett Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>0</b>	
13a. FATHER'S NAME <b>Henry Ferrell</b>		13b. MOTHER'S MAIDEN NAME <b>Ruth Lee Avery</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Henry Ferrell</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 18. CAUSE OF DEATH Interval between ONSET and DEATH <b>38810</b> <b>15</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Bronchial pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <del>aspiration</del> <b>Kerosene Accidental</b>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Farm Home</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Rural Ashhill Butler Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 7, 1949 7 P.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>Drinking kerosene from a can on floor</b>			
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 _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>James W. Green</b>		23b. ADDRESS <b>Poplar Bluff Mo</b>	
23c. DATE SIGNED <b>7/8-49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7/8-49</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Gravel Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Clay County Ark.</b>	
DATE REC'D BY LOCAL REG. <b>July 11, 1949</b>		REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>	
428		25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank - Cotrell</b>	
ADDRESS <b>Poplar Bluff Mo.</b>			

JUL 18 RECD

BUTLER COUNTY HEALTH CENTER  
DOPT AR BLUFF, MISSOURI

749-186

**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.

Signed \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.