

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27219**

FILED AUG 18 1949

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

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>3127</u>		Registrar's No. <u>8</u> <u>137</u>			
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. LENGTH OF STAY (in this place) 1 Week		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Asbury Rt. # 1					
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital				d. STREET ADDRESS (If rural, give location) 5 Miles S.W. of Asbury					
3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) Lee c. (Last) McFerron			4. DATE OF DEATH (Month) (Day) (Year) Aug. 5, 1949						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Nov. 14, 1945			
9. AGE (In years last birthday) 3		IF UNDER 1 YEAR Months 8 Days 21		IF UNDER 12 HRS. Hours Min. 					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Webb City, Missouri			
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Luther A. McFerron		13b. MOTHER'S MAIDEN NAME Stella Cleveland		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) No			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Luther A. McFerron, Asbury, Mo. Rt. #1			ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberc Pneumonia ANTECEDENT CAUSES DUE TO (b) Enteritis DUE TO (c) Eating partially ripe wild cherries II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 13 hours 1 wk. 4 70X		
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
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?					
22. I hereby certify that I attended the deceased from <u>7-28</u> , 1949, to <u>8-5</u> , 1949, that I last saw the deceased alive on <u>8-5</u> , 1949, and that death occurred at <u>4:05A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Mrs. Laughter W. O.				23b. ADDRESS Webb City, Mo		23c. DATE SIGNED 8/6/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 7, 1949		24c. NAME OF CEMETERY OR CREMATORY Carl Junction Co.		24d. LOCATION (City, town, or county) (State) Carl Junction, Missouri			
DATE REC'D BY LOCAL REG. AUG 7, 1949		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Roney Funeral Home, Carl Junction, Mo			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-16-49

Jasper County Health Office

County File Number 49-8-616

Date Filed 8-17-49

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 _____
Student Embalmer

Signed *Harvey E. Orr*

Licensed Embalmer No. 4463

P. O. Address *Winn City, 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.