

FILED AUG 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22799

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 865

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u>	
c. LENGTH OF STAY (in this place) <u>1244d</u>		d. STREET ADDRESS (If rural, give location) <u>34th + Fred. Ave.</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>34th + Fred. Ave.</u>			

3. NAME OF DECEASED a. (First) <u>Ernest</u> b. (Middle) <u>Ferrill</u> c. (Last) <u>Ferrill</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 27 1950</u>			
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>May 7 1880</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR: MONTHS <u>2</u> DAYS <u>20</u>	IF UNDER 24 HRS. Hours <u>0</u> Mins. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>chef</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cooking</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Job Ferrill</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Jane Fox</u>		14. NAME OF HUSBAND OR WIFE <u>Lola Ferrill</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lola Ferrill</u> ADDRESS <u>34th + Fred. Ave. St. Joseph</u>	

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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u>					
		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>4:20</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 July 15, 1950, to July 27, 1950, that I last saw the deceased alive on July 27, 1950, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Farrest Thomas</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>St. Joseph Mon State Hosp 702</u>		23c. DATE SIGNED <u>7/29-1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 30, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Welsh</u>	
24d. LOCATION (City, town, or county) (State) <u>Dawn, Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>James Stamey</u> ADDRESS <u>St. Joseph, Mo.</u>			

DATE REC'D BY LOCAL REG. <u>July 31, 1950</u>		REGISTRAR'S SIGNATURE <u>E. B. Jenkins</u> 382		FUNERAL DIRECTOR'S SIGNATURE <u>James Stamey</u> ADDRESS <u>St. Joseph, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 31 1950

**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 *Charles M. Sharma*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4487*

P. O. Address *St Joseph*

**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.