

FILED JAN 11 1951

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

43317

State File No.

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4496 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY Shelby County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) Shelbyville, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Shelbyville, Mo.	
c. LENGTH OF STAY (in this place) 8 Yrs		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print) a. (First) Cyrus William b. (Middle) Ferree c. (Last) Ferree			4. DATE OF DEATH (Month) (Day) (Year) 12-18-1950		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-10-1878	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 8	IF UNDER 4 HRS. Days 8	IF UNDER 15 MIN. Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (State or foreign country) Arkansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Harry Ferree	13b. MOTHER'S MAIDEN NAME Not Known	14. NAME OF HUSBAND OR WIFE Pearl Ferree
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Mrs. Pearl Ferree, Shelbyville	ADDRESS Shelbyville
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congested heart failure about 3 hrs.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 2 years 2 years 40/60X
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Arteriosclerosis		
	DUE TO (c) Chronic nephritis		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

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) (m.)	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 Nov 29, 1950, to Dec 18, 1950 that I last saw the deceased alive on Dec 18, 1950, and that death occurred at 11:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE Howell Dutton (Degree or title) D.O.	23b. ADDRESS Bethel Mo	23c. DATE SIGNED Dec 21 50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-21-1950	24c. NAME OF CEMETERY OR CREMATORY Shelbyville, I.O.O.F.	24d. LOCATION (City, town, or county) (State) Shelbyville, Mo.
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DATE REC'D BY LOCAL REG. Dec-26-50	REGISTRAR'S SIGNATURE Ada Garrison 419	FUNERAL DIRECTOR'S SIGNATURE Barkelaw-Hawkins, Shelbyville, Mo ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: JAN 2 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-51-21
Date Filed: JAN 10 1951

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 W. Hawkins.....

Licensed Embalmer No. 3498.....

P. O. Address Shelby, 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.

OFFICIAL STATEMENT OF EMBALMERS