

FILED FEB 19 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 4133

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 60 PRIMARY REG. DIST. NO. 4106 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Jerico-Spring, Cedar Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Vernon</u>	
b. CITY OR TOWN <u>Jerico-Spring</u> (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place) <u>1-Weeks</u>		c. CITY OR TOWN <u>Montevallo, Mo.</u> (If outside corporate limits, write RURAL and give township) 1080	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bannister's Clinic</u>		d. STREET ADDRESS (If rural, give township) <u>1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARY</u>	b. (Middle) <u>MYRTLE</u>	c. (Last) <u>FURRY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 28, 51</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 16, 1883</u>	9. AGE (In years last birthday) <u>66</u> 766	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 4 WKS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Dean Home</u>	11. BIRTHPLACE (State or foreign country) <u>Howard Co., Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>William Burl WILLIS</u>	13b. MOTHER'S MAIDEN NAME <u>Ma Lewis</u>	14. NAME OF HUSBAND OR WIFE <u>Frank Furry</u>
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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 <u>Doc. Willis - Montevallo, 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Edema</u>		
	DUE TO (c) <u>Cardio Vasculer failure</u>		
19. 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)
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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?
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22. I hereby certify that I attended the deceased from May, 1949, to Jan., 1951, that I last saw the deceased alive on Jan, 1951, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>D.B. Bannister</u> (Degree or title)	23b. ADDRESS <u>Mo. Sheldon Mo.</u>	23c. DATE SIGNED <u>1-30-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 31, 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Virgil City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Vernon Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 8-51</u>	REGISTRAR'S SIGNATURE <u>Mrs. Velma Ellis</u>	2433	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Vernon Beery</u>	ADDRESS <u>Sheldon Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

2200

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED FEB 13 1951

Dist. File 251-348

Date Filed 2-14-51

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 L. Gerald Beeny

Licensed Embalmer No. 420 D

P. O. Address Sheldon 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 4133-50

State of Mo.  
County of Vernon } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. ....

On this 28 day of February, 1951, before me appears.....

Doc Willis, who, upon his oath, states that the original record of <sup>birth</sup> death

for Mary Myrtle Furry <sup>died</sup> ~~born~~ Jan. 28, 1951, in the State of Missouri, and which was filed at Jerico Springs, Mo 1/29, 1951 should be corrected as follows:

Item No. 8 should read Oct. 6, 1884

Instead of Oct. 16, 1883

Item No. 9 should read 66

Instead of 69

Item No. 11 should read Howard, Kansas

Instead of Mountain Grove, Mo.

Item No. 13 should read William Burl ~~Willis~~ WILLIS

Instead of William Burl

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Doc Willis Bro.

Relationship.

Mike Mc

Present Address.

Subscribed and sworn to before me this 28 day of Feb, 1951

My Commission expires Mar 2, 1953 Bertie Lu Beung Notary Public.

MAR 5 1951