

STANDARD CERTIFICATE OF DEATH

State File No. **32531**

NOV 14 1951

0070
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 20		PRIMARY REG. DIST. NO. 4031		Registrar's No. 161	
1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Bates			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Adrian		c. LENGTH OF STAY (In this place) 6 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Adrian		0070	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home, Adrian Mo				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) Irass		b. (Middle) Jackson		c. (Last) McFerrin		4. DATE OF DEATH (Month) (Day) (Year) Nov-9-1951	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 30-1882	
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months 5 Days 9		IF UNDER 12 HRS. Hours 5 Min. 9			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country) Blainstown Mo.		12. CITIZEN OF WHAT COUNTRY? U	
13a. FATHER'S NAME Samuel Burton McFerrin		13b. MOTHER'S MAIDEN NAME Jenny Ellen Williams		14. NAME OF HUSBAND OR WIFE Lizzie E. McFerrin			
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 ADDRESS Lizzie E. McFerrin Adrian Mo			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH short	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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)		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 Nov. 9, 1951 , to Nov. 9, 1951 , that I last saw the deceased dead on arrival , and that death occurred at 6: A. m. , from the causes and on the date stated above.							
23a. SIGNATURE L. E. Robinson M.D.				23b. ADDRESS Adrian, Mo.		23c. DATE SIGNED 11-9-51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 11-9-51		24c. NAME OF CEMETERY OR CREMATORY Beatrice		24d. LOCATION (City, town, or county) (State) Beatrice Nebraska	
DATE REC'D BY LOCAL REG. 11-9-51		REGISTRAR'S SIGNATURE Mary Owens		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beath & Son, Adrian Mo			

RECEIVED NOV 13 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed NOV 13 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 _____

And G. Leath and C. A. Lee
working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed *And G. Leath*

Licensed Embalmer No. 3343

P. O. Address Adrian, 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.