

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4111

FILED MAR 5 1952

BIRTH NO.		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>90</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).			
a. COUNTY <u>Butler</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff, Mo.</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Butler</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		d. STREET ADDRESS (If rural, give location) <u>930 Iva Dean Drive</u>	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Bertha</u>		b. (Middle) <u>Mae</u>	c. (Last) <u>Ferwerda</u>		(Month) (Day) (Year) <u>Feb. 3, 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 3, 1913</u>	9. AGE (In years last birthday) <u>39</u>	IF UNDER 1 YEAR Months <u>2</u>	IF UNDER 11 HRS. Days <u>0</u>	Hours <u>0</u> Min.
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		11. BIRTHPLACE (State or foreign country) <u>New Jersey</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Arthur W. Freese</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Rubenoff</u>		14. NAME OF HUSBAND OR WIFE <u>Clarence Ferwerda</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clarence Ferwerda Poplar Bluff, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sarcoma Pulvis Bases</u>					<u>4 months</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES						
	As for 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.						
19a. DATE OF OPERATION <u>Done in St. Louis</u>		19b. MAJOR FINDINGS OF OPERATION <u>Sarcoma Pulvis Hilum</u>				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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>196X</u>			
22. I hereby certify that I attended the deceased from <u>15 Jan 1952</u> , to <u>3 Feb 1952</u> , that I last saw the deceased alive on <u>2 Feb 1952</u> , and that death occurred at <u>5:50 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank Cotrell</u>				(Degree or title) <u>MD 321 Poplar Bluff, Mo.</u>		23b. ADDRESS	
23c. DATE SIGNED <u>Feb 28 1952</u>		23d. ADDRESS		23e. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 6, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Feb 28-1952</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		428-9		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank-Cotrell Poplar Bluff, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

MAR 4 - 1952
BUTLER CO. HEALTH CENTER
FILE No. 352-108

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *James W. Steer*

Signed.....
Student Embalmer

Licensed Embalmer No. 2964

P. O. Address *Springfield, 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.