

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7572

MAR 17 1952

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>91</u>	
1. PLACE OF DEATH a. COUNTY <u>Callaway 0143</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Callaway</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fuelow</u>		c. LENGTH OF STAY (In this place) <u>50a</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>haddonia</u>		0040 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 1</u>				d. STREET ADDRESS (If rural, give location) <u>Brown Nursing Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u>		b. (Middle)		c. (Last) <u>FERREL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 13 1952</u>	
5. SEX <u>F. 1</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W. 2</u>	8. DATE OF BIRTH <u>9-15-1869</u>		9. AGE (In years last birthday) <u>82</u>	10. UNDER 1 YEAR Months <u>5</u> Days <u>28</u>	11. UNDER 24 HRS. Hours _____ 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>Pike Co. Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Leonard Tuery</u>			13b. MOTHER'S MAIDEN NAME <u>Susan Jones</u>		14. NAME OF HUSBAND OR WIFE <u>D.K.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital Friends, Fulton Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>lobar Pneumonia.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u> 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>490X</u>				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 <u>3-8-52</u> , to <u>3-13-52</u> , that I last saw the deceased alive on <u>3-12-52</u> , and that death occurred at <u>7:15 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Mr. J. Miller M.D. by A. Raymond Fulton M.D.</u>				23b. ADDRESS <u>Fulton Mo.</u>		23c. DATE SIGNED <u>3-13-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>March 15/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Vandalia Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 15-1952</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Waters</u>		ADDRESS <u>Vandalia, Missouri</u>	

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

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.S. Waters

Licensed Embalmer No.

4169

P. O. Address

Vandalia, Missouri

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.