

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23808

State File No. ....

FILED AUG 4 1952

BIRTH NO. ....		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>279</u>	
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (in this place) <u>82 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		<u>1140</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>R. F. D. # 3</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lawrence</u>		b. (Middle)		c. (Last) <u>Ferrier</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 27 1952</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 10, 1899</u>	
9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>17</u>		IF UNDER 18 Hrs. <u>17</u> Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Carpentry</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Niangua, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>Charles Ferrier</u>		13b. MOTHER'S MAIDEN NAME <u>Eva ??</u>	
14. NAME OF HUSBAND OR WIFE <u>D.K.</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>D.K.</u>		16. SOCIAL SECURITY NO. <u>DK</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles Ferrier 1601 Chestnut St</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION Newhall, Calli				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinomatosis</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of the spine</u>				<u>4 mo.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Anaesth</u>				<u>6 mo.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Anaesth</u>				<u>1 week</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		<u>196X</u>	
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?			
22. I hereby certify that I attended the deceased from <u>10<sup>th</sup> May, 1952</u> , to <u>27<sup>th</sup> July, 1952</u> , that I last saw the deceased alive on <u>27<sup>th</sup> July, 1952</u> , and that death occurred at <u>3:30 P.M.</u> , from the cause and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Richard S. Lane, M.D.</u>				23b. ADDRESS <u>Fulton, Missouri</u>		23c. DATE SIGNED <u>7-31-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 30, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Graham Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Conway Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 31-1952</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wallace General Home</u>		ADDRESS <u>Fulton, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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**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 William C. Trephart

Licensed Embalmer No. 4870

P. O. Address Fulton, 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.