

**FILED** AUG 6 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26941

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <u>Jermani 82</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Mo</u> b. COUNTY <u>Jasper Co</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Warrenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage (Carthage)</u>	
c. LENGTH OF STAY (In this place) <u>14 days</u>		d. STREET ADDRESS (If rural, give location) <u>R 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3-</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SARRAH ANN</u> b. (Middle) <u>FERRIE</u> c. (Last) <u>FERRIE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-29-52</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid 2</u>	8. DATE OF BIRTH <u>3-3-67</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>26</u>	IF UNDER 1 YEAR Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Carthage Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>John Kendrick</u>	13b. MOTHER'S MAIDEN NAME <u>Paroh Heir</u>	14. NAME OF HUSBAND OR WIFE <u>Wid</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) <u>No</u>	16. SOCIAL SECURITY NO. <u>Carthage</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Record</u>	ADDRESS <u></u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Severe delirium</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heat exhaustion</u> DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E 9319</u> <u>46</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>108</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-15-52, 1952 to 7-29-52, 1952 that I last saw the deceased alive on 7-29-52, 1952, and that death occurred at 16:15 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>R. L. Hall M.D.</u>	23b. ADDRESS <u>Carthage Mo</u>	23c. DATE SIGNED <u>7-29-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/31/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jasper, County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-2-52</u>	REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ulmer Funeral Home</u>	ADDRESS <u>Carthage, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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. 462

working under my personal supervision.

Student Abel E. Mullman  
Student Embalmer

Signed William B. Centell

Licensed Embalmer No. 7820

P. O. Address Cartersville, 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.