

FILED JUL 13 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21997

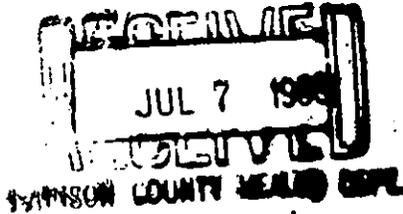
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 99

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Johnson,</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri,</u> b. COUNTY <u>Johnson</u>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg, Mo.</u>  |   | c. LENGTH OF STAY (in this place) <u>7 days</u>  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg, Missouri</u> <u>05-12</u>     |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center,</u>   |   | d. STREET ADDRESS (If rural, give location) <u>311 Grover St.</u>  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Floyd</u> b. (Middle) <u>McFerrin,</u> c. (Last) <u>McFerrin,</u>  |   | 4. DATE OF DEATH <u>July 2nd, 1953</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>Oct. 1st, 1886</u>   |
| 9. AGE (In years last birthday) <u>66</u>   |   | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer,</u>  | 11. BIRTHPLACE (City and State or Foreign Country) / 12. CITIZEN OF WHAT COUNTRY? <u>Greenborough, Co. West Va. U.S.A.</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming,</u>  | 11. BIRTHPLACE (City and State or Foreign Country) / 12. CITIZEN OF WHAT COUNTRY?  |
| 13a. FATHER'S NAME <u>Francis Garlin McFerrin,</u>  |   | 13b. MOTHER'S MAIDEN NAME <u>Caroline Elizabeth</u>  | 14. NAME OF HUSBAND OR WIFE <u>Maude A. McFerrin,</u>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>NO</u> (If yes, give year or dates of service)  |   | 16. SOCIAL SECURITY NO. <u>none</u>  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Maude A. McFerrin, Warrensburg,</u>                                      |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u><br>INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u><br>DUE TO (c) _____<br>7 years.<br>II. OTHER SIGNIFICANT CONDITIONS*<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |
| 19a. DATE OF OPERATION  |   | 19b. MAJOR FINDINGS OF OPERATION <u>331x</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?   |
| 22. I hereby certify that I attended the deceased from <u>April 14</u> , 19 <u>44</u> , to <u>July 2nd, 1953</u> , that I last saw the deceased alive on <u>July 2</u> , 19 <u>53</u> , and that death occurred at <u>8:30 P.m.</u> , from the causes and on the date stated above. |   |  |  |
| 23a. SIGNATURE (Degree or title) <u>[Signature]</u>   |   | 23b. ADDRESS <u>Warrensburg, Missouri,</u>   | 23c. DATE SIGNED <u>7-3-53</u>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   | 24b. DATE <u>July 5, 1953</u>                     | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Taber Cemetery,</u>  | 24d. LOCATION (City, town, or county) (State) <u>Johnson Co. Missouri</u>  |
| DATE REC'D BY LOCAL REG. <u>July 4, 1953</u>  | REGISTRAR'S SIGNATURE <u>Savannah [Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Warrensburg, Mo.</u>   |  |

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

512  
0

05-12  
0



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 J. R. Brauning

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.