

FILED DEC 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39432

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>349</u>		PRIMARY REG. DIST. NO. <u>4513</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>				2. USUAL RESIDENCE (Where deceased lived. If limitation: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green Castle</u>		c. LENGTH OF STAY (In this place) <u>20 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green Castle</u>		d. STREET ADDRESS (If rural, give location) <u>No street address</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home in Green Castle</u>				d. STREET ADDRESS <u>No street address</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Rosa</u>		b. (Middle) <u>Bell</u>		c. (Last) <u>Ferrell</u>	
4. DATE OF DEATH		(Month) <u>Nov.</u>		(Day) <u>30,</u>		(Year) <u>1955</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 25, 1876</u>	
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 MIN. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
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 <u>Farm home</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James C. Gowen</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret (don't know)</u>		14. NAME OF HUSBAND OR WIFE <u>Hiram Ferrell</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Manel Ferrell, Green Castle, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>High Blood pressure</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>592X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>6 mos</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) <u>716</u>		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)		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>Jan 1954</u> to <u>Nov 29, 1955</u> , that I last saw the deceased alive on <u>Nov 29, 1955</u> and that death occurred at <u>9 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) <u>A. J. Garrison, M.D.</u>				23b. ADDRESS <u>Monroe, Mo</u>		23c. DATE SIGNED <u>12-2-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 3, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Castle Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Green Castle, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-6-55</u>		REGISTRAR'S SIGNATURE <u>Agnes L. Page</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Allen E. Kent & Son, Green City, Mo.</u>			

(I signed Embalmer's Statement on Reverse Side)

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

JAN 17 1958

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 Harold R. Heat

Licensed Embalmer No. 4689

P. O. Address Green City, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.