

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
B.I. Burns

DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33957
STATE FILE NUMBER

FILED OCT 24 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4232

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 588 Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		Length of stay in DOA	STREET ADDRESS 3744 Prospect		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Clinton B. Ferry			4. DATE OF DEATH Sept 27, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 28, 1889	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 4 Days 29 IF UNDER 24 HRS. Hours 4 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Waukegan, Illinois	
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME Lawrence Ferry		
14. MOTHER'S MAIDEN NAME Charlotte Trott			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		
16. SOCIAL SECURITY NO. 543-18-8454			17. INFORMANT Address Mrs. Alma Ferry, 3744 Prospect, K.C.Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Undetermined-pending autopsy report					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) _____ DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 2:55 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>B.I. Burns, M.D.</i>			22b. ADDRESS 24th & Cherry		22c. DATE SIGNED 9-27-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-27-56	23c. NAME OF CEMETERY OR CREMATORY Mt. Vernon Cemetery		23d. LOCATION (City, town, or county) (State) Amsterdam Mo.
24. FUNERAL DIRECTOR Mangold Funeral Home, Amsterdam, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 9-28-56		26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>

(Licensed Embalmer's Statement on Reverse Side)

75-61-01
J.P.

OCT 24 1956

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.....
Signature of Student Embalmer

Signed..... Robert L. Mangold
Licensed Embalmer No. 497

P. O. Address..... La. Cypress, La.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.