

Health,
& Welfare
S. Public
th Service

STANDARD CERTIFICATE OF DEATH

38933
STATE FILE NUMBER

FILED OCT 22 1957

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 188

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Nevada 1082 0
c. FULL NAME OF (If NOT in hospital, give location) Nevada City Hosp.		Length of stay in lb 16 Hrs.	d. STREET ADDRESS (If outside, give location) 907 N. Washington
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Langston Middle B Last Ferry			4. DATE OF DEATH Month Oct. Day 14 Year 1957			
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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 April 23, 1889	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Funeral Director	10b. KIND OF BUSINESS OR INDUSTRY Funeral Business	11. BIRTHPLACE (City and state or country) Vernon Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Benjamin E. Ferry	13b. MOTHER'S MAIDEN NAME Annie Earhart	14. NAME OF HUSBAND OR WIFE Nellie I. Ferry
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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) Yes World War #1	16. SOCIAL SECURITY NO. 498-40-2430	17. INFORMANT L. Ingles Ferry	Address #907 N. Washington
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage.		INTERVAL BETWEEN ONSET AND DEATH 18 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertensive O.V.R. Disease	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 442X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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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 Nevada	COUNTY Nevada	STATE Missouri
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21. I attended the deceased from Oct 13 1957 to Oct 14 1957 and last saw him alive on Oct 14 1957	
Death occurred at 4:22 PM m on the date stated above; and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE W. J. Woodard, MD	(Degree or title) MD	22b. ADDRESS Nevada, Mo	22c. DATE SIGNED 10/16/57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 17, 1957	23c. NAME OF CEMETERY OR CREMATORY Newton	23d. LOCATION (City, town, or county) (State) Nevada, Missouri
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24. FUNERAL DIRECTOR Ferry Funeral Home, Nevada, Mo.	ADDRESS Nevada, Mo.	25. DATE RECD. BY LOCAL REG. 10-19-1957	26. REGISTRAR'S SIGNATURE Anna E. Ferry
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

457-0

OCT 28 1957

CEAS-C-PA

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 *B. J. Lindley*

Licensed Embalmer No. *4622*

P. O. Address *Kenada, SD*

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.