

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015277
STATE FILE NUMBER

FILED APR 30 1958

Registration District No. 277 Primary Registration District No. 5952 Registrar's No. 30

300
1-57

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

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Curryville		c. CITY OR TOWN Curryville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD		d. STREET ADDRESS (If outside, give location) RFD	
3. NAME OF DECEASED (Type or print) First Middle Last Rose Elizabeth Ferriter		4. DATE OF DEATH Month Day Year April 16 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 18 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
13a. FATHER'S NAME John Cochran		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Edward Ferriter
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. 495 32 1162	17. INFORMANT Address Joe Baumgart, Manchester, 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) Crushed Chest, Trauma to Heart			19. 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) _____			912.1 3
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Subject fell off farm tractor she was driving	
20c. TIME OF INJURY 10 a.m. ap. 16-58		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm	
20e. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION RFD Curryville, Pike Co. Mo.	
21. I attended the deceased from _____ to _____ and last saw her ^{alive} on April 16 Death occurred at 7:0 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J.O. Mudd		22b. ADDRESS Bowling Green Mo	
22c. DATE SIGNED ap-16-58		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 19 58	
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) St. Louis, Mo.	
24. FUNERAL DIRECTOR J.O. Mudd		25. DATE RECD. BY LOCAL REG. 4-23-58	
26. REGISTRAR'S SIGNATURE Bill Robinson		26. REGISTRAR'S SIGNATURE	

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 *James C. Muld* _____

Licensed Embalmer No. *4152* _____

P. O. Address *Bowling Green* _____

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.