

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033362
STATE FILE NUMBER

FILED OCT 7 1958 Registration District No. 172 Primary Registration District No. 4273 Registrar's No. 67

S. 300
v. 1-57
1

1. PLACE OF DEATH a. COUNTY LAFAYETTE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY LAFAYETTE				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CONCORDIA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN CONCORDIA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 115 EAST 5th		Length of stay in lb 18 yrs		d. STREET ADDRESS (If outside, give location) 115 EAST 5th		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) CLARA EMELIE FERRING				4. DATE OF DEATH Month SEPT Day 29 Year 1958				
5. SEX FEMALE	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 OCT 26 1879		9. AGE (In years last birthday) 78		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and state or country) LAFAYETTE County, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME THEO SUNGKLAUS			13b. MOTHER'S MAIDEN NAME ANNA SCHMIDT		14. NAME OF HUSBAND OR WIFE ADOLPH H. FERRING			
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. No		17. INFORMANT Address ADOLPH H. FERRING CONCORDIA 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) Cerebral Hemorrhage						INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Hypertension				—		
		DUE TO (c) —				—		
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 checked="" type="checkbox"/> HOMICIDE <input checked="" 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 — Month — Day, Year — a.m. — p.m. —			20d. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 4/22/51 to 9/28/58 and last saw her alive on 9/28/58 Death occurred at 5:25 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Amund Trach, M.D.				22b. ADDRESS Concordia, Mo,		22c. DATE SIGNED 9/29/58		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE OCT 1, 1958	23c. NAME OF CEMETERY OR CREMATORY ST. PAUL'S		23d. LOCATION (City, town, or county) (State) CONCORDIA Mo			
24. FUNERAL DIRECTOR E. S. James			ADDRESS Concordia, Mo		25. DATE RECD. BY LOCAL REG. Oct-2-58		26. REGISTRAR'S SIGNATURE Lutie Jordan Jordan	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed E. S. James.....

Licensed Embalmer No. 2058.....
P. O. Address Canada.....

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.