

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039154
State File No.

FILED NOV 18 1958

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 525

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir. Co.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Byrd Township</u>	
c. LENGTH OF STAY (in this place) <u>1 Da.</u>		d. STREET ADDRESS (If rural, give location) <u>3Mi. N.W. Jackson</u> <u>0160</u> <u>6</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u> b. (Middle) <u>Catharine</u> c. (Last) <u>McFerron</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 9 1958</u>		
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5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>May 8 -1904</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Keeping House</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry S. McFerron</u>	13b. MOTHER'S MAIDEN NAME <u>Ida Madje</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frederic S. McFerron</u> ADDRESS <u>R-1 Jackson Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-vascular-renal disease</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9/4/, 1954, to 10/9/, 1958, that I last saw the deceased alive on 10/8/, 1958, and that death occurred at 10:50 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Print or Title) <u>Frederic S. McFerron</u>	23b. ADDRESS <u>Jackson, Missouri</u>	23c. DATE SIGNED <u>11/10/58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-12-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights</u>	24d. LOCATION (City, town, or county) (State) <u>Jackson Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov-13, 1958</u>	REGISTRAR'S SIGNATURE <u>Mrs. Homer Cooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Deneke-Laird</u> ADDRESS <u>Jackson Mo.</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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 F. O. Laird

Licensed Embalmer No. 4538

P. O. Address Jackson, Mo.

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