

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039801

FILED VS. DEC. 14 1959 / 37

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 305

ENDED

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Blairstown		Length of stay in 1b life	c. CITY OR TOWN Blairstown Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Robert Rouston McFerrin			4. DATE OF DEATH Month Day Year Dec. 10, 1959				
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/2/86	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (City and state or country) Blairstown, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Burton McFerrin		13b. MOTHER'S MAIDEN NAME Nancy Wall		14. NAME OF HUSBAND OR WIFE X			
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.		17. INFORMANT Address Mary J Young, Chilhowee, Mo.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) No medical attendant or previous cause		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Death by Natural Cause	
	DUE TO (c) Found in bed by neighbor	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input 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. Month, Day, Year			

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 Blairstown, Mo.	COUNTY Henry	STATE Mo.
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21. I attended the deceased from **No attendant** to **seen alive** and last seen **alive** on **12-10-59**
Death occurred at **found at ca 10⁰⁰ am** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W.W. Bradshaw MD (Degree or title)	22b. ADDRESS Henry Co Crown, Mo.	22c. DATE SIGNED 12/11/59 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/12/59	23c. NAME OF CEMETERY OR CREMATORY Wall Cemetery	23d. LOCATION (City, town, or county) Blairstown, Mo.

24. FUNERAL DIRECTOR Cook Funeral Home, Chilhowee, Mo	25. DATE RECD. BY LOCAL REG. Dec 11, 1959	26. REGISTRAR'S SIGNATURE Meluded Bigum
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____



Licensed Embalmer No. 4335

P. O. Address Chilhowe,

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.