URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-039814

STATE FILE NUMBER

FILED VS DEC 1 1959 39

Registration District No. 39 Primary Registration District No. _____ Registrar's No. 67

MENDED

1. PLACE OF DEATH
a. COUNTY Holt
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maitland — Length of stay in 1b 3yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Holt
c. CITY OR TOWN Maitland — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First CHARLES Middle OSCAR Last FERRIS

4. DATE OF DEATH Month 11 Day 21 Year 1959

5. SEX male
6. COLOR OR RACE white
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2/13/1886
9. AGE (last birthday) 73 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machanic
10b. KIND OF BUSINESS OR INDUSTRY machine-
11. BIRTHPLACE (City and state or country) Upland, Kans
12. CITIZEN OF WHAT COUNTRY USA.

13a. FATHER'S NAME unknown
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Mrs Gertrude Ferris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 512-14-9870
17. INFORMANT Mrs Gertrude Ferris — Address Maitland 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) NATURAL CAUSES — INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____
DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) HISTORY OF LUNG TROUBLE
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 No. to — and last saw her/him alive on No.
Death occurred at 10 45 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. E. Colkin D. Coroner Hotco
22b. ADDRESS Oregon, Mo.
22c. DATE SIGNED 11/22/9.

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 11/23/1959
23c. NAME OF CEMETERY OR CREMATORY Upland, Kans
23d. LOCATION (City, town, or county) (State) Upland, Kansas

24. FUNERAL DIRECTOR G M Atchison — ADDRESS Maryville Mo
25. DATE RECD. BY LOCAL REG. 11/23/1959
26. REGISTRAR'S SIGNATURE James H Crawford

(Licensed Embalmers Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed G. M. Atkinson

Signature of Student Embalmer

Licensed Embalmer No. 227

P. O. Address Maryville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.