

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031302

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Registration District No. _____ Primary Registration District No. _____ Registrar's No. 141

STATE FILE NUMBER

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

3. NAME OF DECEASED (Type or print) WADE First KENT Middle FERMAN Last			4. DATE OF DEATH Aug 19, 1960	
			Month	Day

5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-17-93	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months 2 Days ---	IF UNDER 24 HR Hours --- Min. ---
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Clerk	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Hiland Center Iowa	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME William C. Ferman	13b. MOTHER'S MAIDEN NAME Alice Greenig	14. NAME OF HUSBAND OR WIFE Alta May Ferman
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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) no	16. SOCIAL SECURITY NO. 497-18-0954	17. INFORMANT Address Mrs Alta Ferman, La Plata, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary Insufficiency	3 years
	DUE TO (c) Hypertensive Heart Disease	?
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

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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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 COUNTY STATE
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21. I attended the deceased from **December, 1955** to **Aug 19, 1960** and last saw ^{her} ~~him~~ alive on **Aug 15, 1960**
Death occurred at **Aug 19, 1960 2:15 p.m.** on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ralph G. Tillet, DO	22b. ADDRESS La Plata, Mo.	22c. DATE SIGNED 8-19-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-21-60	23c. NAME OF CEMETERY OR CREMATORY La Plata Cemetery	23d. LOCATION (City, town, or county) (State) La Plata, Missouri
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24. FUNERAL DIRECTOR Wilson Funeral Home, La Plata, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 8/23/60	26. REGISTRAR'S SIGNATURE Kath M. Greedy
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 30 1960

SEP 7 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Kenneth M. Wilson*

Licensed Embalmer No. *H 701*

P. O. Address *La Plata Mo*

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