MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

PARTMENT OF PUBLIC HEALTH AND WELFARE

-61-000593
STATE FILE NUMBER

Registration District No. 5-4 Primary Registration District No. _____ Registrar's No. 13

AMENDED FILED VS JAN 19 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

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

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

3. NAME OF DECEASED (Type or print): First: SHARON Middle: Last: FERRIS
4. DATE OF DEATH: Month: January Day: 9 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-27-'59
9. AGE (last birthday): 1 year — IF UNDER 1 YEAR: Months 3 Days 12 — IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY: XXX
11. BIRTHPLACE (City and state or country): Warrensburg, Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Albert Ferris
13b. MOTHER'S MAIDEN NAME: Mildred Irene Riley
14. NAME OF HUSBAND OR WIFE: XXXXX
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): XXXXXX (If yes, give war or dates of service): XXXXXX
16. SOCIAL SECURITY NO.: XXXXX
17. INFORMANT: Albert Ferris Address: Holden, Missouri

MEDICAL CERTIFICATION

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 Trauma — INTERVAL BETWEEN ONSET AND DEATH: Instant
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)
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.): Auto and Train Collision
20c. TIME OF INJURY: Hour 1:15 p.m. Month, Day, Year: 1-9-61
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.): Railroad Crossing
20f. CITY, TOWN, OR LOCATION: Strasburg COUNTY: Cass STATE: Mo

21. I attended the deceased from _____ to _____ and last saw him alive on _____
Death occurred at 1-9-61 1:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Glenn Cummins (Degree or title) Coroner Cass Co
22b. ADDRESS: Harrisonville Mo
22c. DATE SIGNED: 1-9-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-12-'61
23c. NAME OF CEMETERY OR CREMATORY: Kingsville Cemetery
23d. LOCATION (City, town, or county) (State): Kingsville, Missouri

24. FUNERAL DIRECTOR: Canaday & Ropp ADDRESS: Holden, Missouri
25. DATE RECD. BY LOCAL REG.: Jan-11-61
26. REGISTRAR'S SIGNATURE: Mrs Ray Sebree

(Licensed Embalmer's Statement on Reverse Side)

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 M L Canaday

Licensed Embalmer No. 3434

P. O. Address Holden 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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