

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010657
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 75

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 19 1962	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Henry</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u> Length of stay in lb <u>10 yrs</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Kline Nursing Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u></p> <p>c. CITY OR TOWN <u>Clinton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>Central Hotel</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>Robert Edward McFerrin</u></p>	
<p>4. DATE OF DEATH Month Day Year <u>March 10, 1962</u></p>	
<p>5. SEX <u>Male</u></p>	<p>6. COLOR OR RACE <u>White</u></p>
<p>7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>8/7/1880</u></p>
<p>9. AGE (last birthday) <u>81</u></p>	<p>IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u></p>	<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u></p>
<p>11. BIRTHPLACE (City and state or country) <u>Johnson Co., Mo.</u></p>	<p>12. CITIZEN OF WHAT COUNTRY <u>U SA</u></p>
<p>13a. FATHER'S NAME <u>James A.J. McFerrin</u></p>	<p>13b. MOTHER'S MAIDEN NAME <u>Josie Satterwhite</u></p>
<p>14. NAME OF HUSBAND OR WIFE <u>None</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p>	<p>16. SOCIAL SECURITY NO. <u>None</u></p>
<p>17. INFORMANT <u>James McFerrin, Kansas City, Mo.</u></p>	<p>Address</p>
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) <u>Myocardial infarction</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</u></p> <p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>	
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>
<p>20f. CITY, TOWN, OR LOCATION <u>Clinton, Mo.</u></p>	<p>COUNTY <u>Johnson</u> STATE <u>Mo.</u></p>
<p>21. I attended the deceased from <u>3/15/50</u> to <u>3/10/62</u> and last saw <u>him</u> alive on <u>3/9/62</u>. Death occurred at <u>1:55 A</u> m on the date, stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>S.B. Hughes M.D.</u></p>	<p>22b. ADDRESS <u>Clinton, Mo.</u></p>
<p>22c. DATE SIGNED <u>3/10/62</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	<p>23b. DATE <u>March 11, 1962</u></p>
<p>23c. NAME OF CEMETERY OR CREMATORY <u>Carpenter</u></p>	<p>23d. LOCATION (City, town, or county) (State) <u>Johnson County, Mo.</u></p>
<p>24. FUNERAL DIRECTOR <u>Consalus Clinton, Mo.</u></p>	<p>25. DATE RECD. BY LOCAL REG. <u>Mar 12, 1962</u></p>
	<p>26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u></p>

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

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 Eugene P. Conacher

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.