

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039913

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316 Primary Registration District No. \_\_\_\_\_ Registrar's No. 469 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 8 1962

VS 300  
Rev. 4/59

1 0940

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>St. Francis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Desloge</b>		Length of stay in lb <b>40 years</b>	c. CITY OR TOWN <b>Desloge</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>102 S 5th. St.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>102 S 5th. St.</b>
3. NAME OF DECEASED (Type or print) First <b>Lena</b> Middle <b>-</b> Last <b>Ferrell</b>		4. DATE OF DEATH Month <b>Oct.</b> Day <b>31st.</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept 5, 1885 - 77</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Bonne Terre, Mo</b>
13a. FATHER'S NAME <b>John Henry Phillips</b>		13b. MOTHER'S MAIDEN NAME <b>Phillippa Jane Francis</b>	14. NAME OF HUSBAND OR WIFE <b>Wm. Ferrell (Dec)</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mrs. Vilot Hoton, Flat River, Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>myocardial infarction + arterial hypertension</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 min.</b>
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) <b>Recent upper respiratory infections.</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.)	
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 COUNTY STATE
21. I attended the deceased from <u>1945</u> , to <u>Oct 31, 1962</u> and last saw her <u>him</u> alive on <u>Oct 28, 1962</u> Death occurred at <u>1 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>J.L. Foster M.D.</b> (Degree or title)		22b. ADDRESS <b>Desloge Mo</b>	22c. DATE SIGNED <b>1 Nov 62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11/2/1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oddfellow Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Flat River, Mo.</b>
24. FUNERAL DIRECTOR <b>G.Z. Boyer &amp; Son Desloge, Mo</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>Nov. 1, 1962</b>	26. REGISTRAR'S SIGNATURE <b>Eather Rudloff</b>

**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

*B. T. Boyer*

Licensed Embalmer No. 3660

P. O. Address Desloge, Missouri

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.