MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-049318
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 217

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1085
2 1085
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4 0
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

FILED DEC 18 1962

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Nevada — Length of stay in Ib: 10 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Nevada Hospital — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 903 West Arch

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Vernon
c. CITY OR TOWN: Nevada — Inside Limits: Yes ☒ No ☐
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: WILLIAM Middle: THOMAS Last: FERRY
4. DATE OF DEATH: Month: December Day: 12 Year: 1962
5. SEX: M
6. COLOR OR RACE: Wh
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1-4-1880
9. AGE (last birthday): 82 — 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): Hotel-apartment operator
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): Milo, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Benjamin Emmons Ferry
13b. MOTHER'S MAIDEN NAME: Annie Elizabeth Earhart
14. NAME OF HUSBAND OR WIFE: Mollie Ferry, Deceased 1944
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.: Unknown
17. INFORMANT: Ray P. Ferry, Nevada, Missouri Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Myocardial Failure	6 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Chronic Cardiovascular renal disease, old	Known for 1½ yrs.
DUE TO (c)	Arteriosclerosis generalized, severe.	Unknown

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.)
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 Aug. 25, 1953, to Dec. 12, 1962 and last saw ~~XX~~ him alive on Dec. 12, 1962
Death occurred at Nevada, Missouri 11:50 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. B. Wray, M.D. F.I.C.S.
22b. ADDRESS: Moore Bldg., Nevada, Missouri
22c. DATE SIGNED: 12/14/'62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: December 14 1962
23c. NAME OF CEMETERY OR CREMATORY: Forest Lawn Cemetery
23d. LOCATION (City, town, or county) (State): Los Angeles California

24. FUNERAL DIRECTOR: Ferry Funeral Home ADDRESS: Nevada, Missouri
25. DATE RECD. BY LOCAL REG.: Dec 15-1962
26. REGISTRAR'S SIGNATURE: Anna E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

JAN 21 1963
DEC 26 196
JUN 7 1963

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 L. Gaylen Terry

Licensed Embalmer No. 4960

P. O. Address Nevada, 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.