MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-63-011372
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 5508 Registrar's No. 114

FILED APR 15 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0420
2 0420
3
4 1
5 2
6
7 1
8 2
9 422.1
10
11
12 90-2
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

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: Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Deepwater
Length of stay in 1b: 50 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Residence
Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First: Nettie Middle: L. Last: Ferro
4. DATE OF DEATH: Month: Apr Day: 10 Year: 1963
5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Apr-19-1881
9. AGE (last birthday): 81
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Richmond, Ind
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: James A. Sullivan
13b. MOTHER'S MAIDEN NAME: Elizabeth Jane Wilson
14. NAME OF HUSBAND OR WIFE: Antonio Ferro
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of
16. SOCIAL SECURITY NO.:
17. INFORMANT: L. L. Ferro Address: Deepwater, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Medullary Paralysis — INTERVAL BETWEEN ONSET AND DEATH: Seconds
DUE TO (b): Pulmonary Edema — Minutes
DUE TO (c): Acute Myocardial Insufficiency — 4 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerosis, Senility, Rheumatic Heart Disease
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 1-1-60, to 4-10-63 and last saw her/him alive on 4-10-63
Death occurred at 10:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Clinton L. Glasgow M.D.
22b. ADDRESS: Clinton Mo.
22c. DATE SIGNED: 4/12/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Apr-12-1963
23c. NAME OF CEMETERY OR CREMATORY: Deepwater Cemetery
23d. LOCATION (City, town, or county) (State): Deepwater, Mo.
24. FUNERAL DIRECTOR: Melvin L. Janssens, Deepwater, Mo. ADDRESS
25. DATE REC'D BY LOCAL REG.: April 12-1963
26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

Permit Obtained 4-12-63 (MB)

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 Melvin L. Janssen

Licensed Embalmer No. 4529

P. O. Address Orlando Fla.

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.