

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0001239

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

REGISTRATION DISTRICT NO. 137
4218
REG-ILED003 64

Primary Registration District No.

Registrar's No.

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Windsor

Length of stay in 1b
14 m.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Windsor Hospital

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 Windsor

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS 204 S. Hughes

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print) First Middle Last LEROY M. FERRIS

4. DATE OF DEATH Month Day Year January 23, 1964

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/6/'13

9. AGE (last birthday)

50

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY

Trucking

11. BIRTHPLACE (City and state or country)

Fabious, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Clifford Ferris

13b. MOTHER'S MAIDEN NAME

Elsie Ripperdan

14. NAME OF HUSBAND OR WIFE

E. Marie Rodriguez

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Yes WW II

16. SOCIAL SECURITY NO.

496-03-3486

17. INFORMANT

E. Marie Ferris, Windsor, Mo.

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

IMMEDIATE CAUSE (a)

Cardiac Arrest (Failure)

INTERVAL BETWEEN ONSET AND DEATH
Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Acute Coronary insufficiency

2 hours

DUE TO (c)

Arteriosclerosis (atherosclerosis) Heart disease

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 12/24/62 to 1/23/64 and last saw him alive on 1/23/64
Death occurred at 5:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Bernard Brock, M.D.

22b. ADDRESS

116 South main Windsor, Missouri

22c. DATE SIGNED

1/24/64

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Jan. 25, 1964

23c. NAME OF CEMETERY OR CREMATORY

Rutledge Cemetery

23d. LOCATION (City, town, or county)

Rutledge, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Ellis M. Huston, Windsor, Missouri

25. DATE RECD. BY LOCAL REG.

JAN. 27, 1964

26. REGISTRAR'S SIGNATURE

Mildred Bigum

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 Ellen Hurston

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.