

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24533

State File No.

FILED AUG 3 1953

BIRTH NO. REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 174

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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1. PLACE OF DEATH a. COUNTY <u>Newry Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton Mo. West</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Deepwater Mo. 111</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Welzel Osteopathic Hosp.</u>			

3. NAME OF DECEASED (Type or Print) <u>Antonio</u>	a. (First)	b. (Middle)	c. (Last) <u>Ferro</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 22 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Jan 22 - 1894</u>	9. AGE (In years last birthday) <u>79</u>	10. MONTHS <u>6</u>	11. DAYS <u>0</u>	12. IF UNDER 1 MRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Miner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Mine</u>	11. BIRTHPLACE (State or foreign country) <u>Switzerland</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Dominic Ferro</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Nettie Ferro</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <u>490-25-9928</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. R.E. Pence, Edwards, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock following surgery</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertrophy of prostate</u> DUE TO (c) <u>Anterior Delirium</u>		
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>12 hours</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 14, 1953, to July 22, 1953, that I last saw the deceased alive on July 22, 1953, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul West DO.</u>	(Degree or title)	23b. ADDRESS <u>Clinton Mo.</u>	23c. DATE SIGNED <u>July 23</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>7-25-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Deepwater Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Deepwater Mo</u>
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DATE REC'D BY LOCAL REG <u>Aug 1-53</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	422	25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom Hurst, Deepwater Mo</u>	ADDRESS
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AUG 6 1950

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
Student Embalmer

Signed *Tom Stuart* _____

Licensed Embalmer No. *3282* _____

P. O. Address *Deepwater, M.* _____

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 this body is not embalmed, fact should be so stated above.