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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 9 - 1953

State File No. 35689

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 232

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>HENRY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON</u>	c. LENGTH OF STAY (In this place) <u>2 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON</u> 0422 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>117 W. GREEN ST.</u>		d. STREET ADDRESS (If rural, give location) <u>117 W. GREEN ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>L.</u> c. (Last) <u>FERRY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 31, 1953</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JULY 14, 1861</u>		9. AGE (In years last birthday) <u>92</u> Months <u>3</u> Days <u>17</u> Hours _____ Mins _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>SIGOURNEY, IOWA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>CHESTER FERRY</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH STOCKSBERTY</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Stella Hull, Lakewood</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Parkinson's disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(a) coronary thrombosis</u>		<u>2 hrs</u>
	DUE TO (c) <u>Hypertension</u>		<u>5 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	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) <u>Clinton Mo. MO. MO.</u>
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? _____

22. I hereby certify that I attended the deceased from June, 1950, to Oct 31, 1953 that I last saw the deceased alive on July 15, 1953, and that death occurred at 7:52 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. J. Powell 2nd</u>	23b. ADDRESS <u>Clinton Mo.</u>	23c. DATE SIGNED <u>Nov 2 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>NOV. 3, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton Mo. MO.</u>
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DATE REC'D BY LOCAL REG. <u>Nov 3-53</u>	REGISTRAR'S SIGNATURE <u>Florence Adams</u>	422	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. A. Vausant</u>	ADDRESS <u>Clinton Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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, ~~city~~

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *H. A. Darsaut*

Licensed Embalmer No. *3779*

P. O. Address *Clinton, 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 this body is not embalmed, fact should be so stated above.