

FILED JUN 23 1954

STANDARD CERTIFICATE OF DEATH

State File No. 17790

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

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 165

1. PLACE OF DEATH a. COUNTY <u>Wain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Schuyler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Funkville Mo.</u>		c. CITY OR TOWN <u>Queen City</u>	d. Is residence within limits of a city or incorporated town? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. LENGTH OF STAY (in this place) <u>5 weeks</u>		e. STREET ADDRESS (If rural, give location) <u>Rural - Funktownship</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Toughlin Hosp.</u>		3. NAME OF DECEASED a. (First) <u>CUBA</u> b. (Middle) <u>BELLE</u> c. (Last) <u>FERRY</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>6 11 54</u>		5. SEX <u>Female</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>10-14-1877</u>	
9. AGE (In years last birthday) <u>76</u> 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Queen City, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Wm. F. Figg</u>	
13b. MOTHER'S MAIDEN NAME <u>Margaret Ellen Slaughter</u>		14. NAME OF HUSBAND OR WIFE <u>C. F. Perry</u>	
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>No.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>C. F. Perry</u>		ADDRESS <u>Queen City, Mo.</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Second & Third Degree Burns</u> INTERVAL BETWEEN ONSET AND DEATH <u>35 days</u> ANTECEDENT CAUSES <u>Covering more than 1/3 of body surface</u> DUE TO (b) <u>surface</u> DUE TO (c) _____ 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"/>		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>99</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>May 8</u> , 1954, to <u>June 11</u> , 1954, that I last saw the deceased alive on <u>June 11</u> , 1954, and that death occurred at <u>3:20 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>A. T. Rhoads, D.O.</u> (Degree or title)		23b. ADDRESS <u>Funkville, Mo.</u>	
23c. DATE SIGNED <u>6-11-54</u>		24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>June 14, 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sermanic Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Schuyler County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jack Dohy</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>Queen City, Mo.</u>		DATE REC'D BY LOCAL REG. <u>6-18-54</u> REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	

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.....
Paul J. Jansky

Licensed Embalmer No. 461

P. O. Address *Pullman, Pa.*

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.