

FILED MAR 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5497

State File No. 9276

BIRTH NO. _____ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 4335 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Moniteau			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Moniteau		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Willow Fork		c. LENGTH OF STAY (In this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Willow Fork		0
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3 Miles S. W. Tipton, Mo			d. STREET ADDRESS (If rural, give location) 3 Miles S.W. Tipton, Mo. D		
3. NAME OF DECEASED (Type or Print) a. (First) Cyrus b. (Middle) Delmar c. (Last) Ferguson			4. DATE OF DEATH (Month) (Day) (Year) March, 23, 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March, 2, 1891	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Morgan County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Cyrus Ferguson		13b. MOTHER'S MAIDEN NAME Rhoda Mc Neet		14. NAME OF HUSBAND OR WIFE Alpha A. Ferguson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) No	17. INFORMANT'S SIGNATURE OR NAME Alpha A. Ferguson	ADDRESS Tipton, Mo.		
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* (a) Burns of body ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9161 16				INTERVAL BETWEEN ONSET AND DEATH 1/2 hour
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm	21c. (CITY, TOWN, OR TOWNSHIP) Tipton (COUNTY) (STATE) Willow Fork Township, Moniteau 7700			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 23 1949 7pm.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Clothes caught fire while burning weeds ghd			
22. I hereby certify that I attended the deceased from death , 19 49 , to 1949 , that I last saw the deceased alive on 1949 , and that death occurred at 1949 m., from the causes and on the date stated above.					
23a. SIGNATURE Kenyon Latham M.D. Ocarones (Degree or title)			23b. ADDRESS California, Mo		23c. DATE SIGNED 3-23-49
24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE 3/25/49	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	24d. LOCATION (City, town, or county) (State) Tipton, Missouri		
DATE REC'D BY LOCAL REG. 3-26-49	REGISTRAR'S SIGNATURE Mrs. Maude Hudson	203	FEDERAL DIRECTOR'S SIGNATURE Jessie E. Richard ADDRESS Tipton		

Date Filed
District File Number 3-29-49
District Health Officer No. 9
RECEIVED

APR 11 1949

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 *James E. Richard*

Licensed Embalmer No. *2466*

P. O. Address *Lipton 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.