

FILED JUN 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20412

BIRTH NO. _____ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 5867 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Oregon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>																																																																																																						
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Thayer, (Rural)</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Thayer, (Rural)</u>		75																																																																																																				
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS																																																																																																						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Ferguson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 10 1949</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>8/14/1869</u>	9. AGE (In years last birthday) <u>79</u>	<table border="1"> <tr> <td>0 UNDER 1 YEAR</td> <td>1 YEAR</td> <td>2 YEARS</td> <td>3 YEARS</td> <td>4 YEARS</td> <td>5 YEARS</td> <td>6 YEARS</td> <td>7 YEARS</td> <td>8 YEARS</td> <td>9 YEARS</td> <td>10 YEARS</td> <td>11 YEARS</td> <td>12 YEARS</td> <td>13 YEARS</td> <td>14 YEARS</td> <td>15 YEARS</td> <td>16 YEARS</td> <td>17 YEARS</td> <td>18 YEARS</td> <td>19 YEARS</td> <td>20 YEARS</td> <td>21 YEARS</td> <td>22 YEARS</td> <td>23 YEARS</td> <td>24 YEARS</td> <td>25 YEARS</td> <td>26 YEARS</td> <td>27 YEARS</td> <td>28 YEARS</td> <td>29 YEARS</td> <td>30 YEARS</td> <td>31 YEARS</td> <td>32 YEARS</td> <td>33 YEARS</td> <td>34 YEARS</td> <td>35 YEARS</td> <td>36 YEARS</td> <td>37 YEARS</td> <td>38 YEARS</td> <td>39 YEARS</td> <td>40 YEARS</td> <td>41 YEARS</td> <td>42 YEARS</td> <td>43 YEARS</td> <td>44 YEARS</td> <td>45 YEARS</td> <td>46 YEARS</td> <td>47 YEARS</td> <td>48 YEARS</td> <td>49 YEARS</td> <td>50 YEARS</td> <td>51 YEARS</td> <td>52 YEARS</td> <td>53 YEARS</td> <td>54 YEARS</td> <td>55 YEARS</td> <td>56 YEARS</td> <td>57 YEARS</td> <td>58 YEARS</td> <td>59 YEARS</td> <td>60 YEARS</td> <td>61 YEARS</td> <td>62 YEARS</td> <td>63 YEARS</td> <td>64 YEARS</td> <td>65 YEARS</td> <td>66 YEARS</td> <td>67 YEARS</td> <td>68 YEARS</td> <td>69 YEARS</td> <td>70 YEARS</td> <td>71 YEARS</td> <td>72 YEARS</td> <td>73 YEARS</td> <td>74 YEARS</td> <td>75 YEARS</td> <td>76 YEARS</td> <td>77 YEARS</td> <td>78 YEARS</td> <td>79 YEARS</td> <td>80 YEARS</td> <td>81 YEARS</td> <td>82 YEARS</td> <td>83 YEARS</td> <td>84 YEARS</td> <td>85 YEARS</td> <td>86 YEARS</td> <td>87 YEARS</td> <td>88 YEARS</td> <td>89 YEARS</td> <td>90 YEARS</td> <td>91 YEARS</td> <td>92 YEARS</td> <td>93 YEARS</td> <td>94 YEARS</td> <td>95 YEARS</td> <td>96 YEARS</td> <td>97 YEARS</td> <td>98 YEARS</td> <td>99 YEARS</td> </tr> </table>	0 UNDER 1 YEAR	1 YEAR	2 YEARS	3 YEARS	4 YEARS	5 YEARS	6 YEARS	7 YEARS	8 YEARS	9 YEARS	10 YEARS	11 YEARS	12 YEARS	13 YEARS	14 YEARS	15 YEARS	16 YEARS	17 YEARS	18 YEARS	19 YEARS	20 YEARS	21 YEARS	22 YEARS	23 YEARS	24 YEARS	25 YEARS	26 YEARS	27 YEARS	28 YEARS	29 YEARS	30 YEARS	31 YEARS	32 YEARS	33 YEARS	34 YEARS	35 YEARS	36 YEARS	37 YEARS	38 YEARS	39 YEARS	40 YEARS	41 YEARS	42 YEARS	43 YEARS	44 YEARS	45 YEARS	46 YEARS	47 YEARS	48 YEARS	49 YEARS	50 YEARS	51 YEARS	52 YEARS	53 YEARS	54 YEARS	55 YEARS	56 YEARS	57 YEARS	58 YEARS	59 YEARS	60 YEARS	61 YEARS	62 YEARS	63 YEARS	64 YEARS	65 YEARS	66 YEARS	67 YEARS	68 YEARS	69 YEARS	70 YEARS	71 YEARS	72 YEARS	73 YEARS	74 YEARS	75 YEARS	76 YEARS	77 YEARS	78 YEARS	79 YEARS	80 YEARS	81 YEARS	82 YEARS	83 YEARS	84 YEARS	85 YEARS	86 YEARS	87 YEARS	88 YEARS	89 YEARS	90 YEARS	91 YEARS	92 YEARS	93 YEARS	94 YEARS	95 YEARS	96 YEARS	97 YEARS	98 YEARS	99 YEARS
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Howell county Missouri</u>																																																																																																					
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Unknown</u>																																																																																																						
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>George Ferguson</u>																																																																																																						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS																																																																																																					
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.			<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u> ANTECEDENT CAUSES <u>Arteriosclerosis - Hypertension</u> 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 <u>Smoker</u> Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>4.2m</u>																																																																																																			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)																																																																																																					
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>June 1, 1949</u> , to <u>June 3, 1949</u> that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.																																																																																																									
23a. SIGNATURE <u>W. Cooper</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Thayer Mo.</u>		23c. DATE SIGNED <u>5-13-49</u>																																																																																																				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/1/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shilph cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Oregon county Missouri</u>																																																																																																				
DATE REC'D BY LOCAL REG. <u>May-19-49</u>		REGISTRAR'S SIGNATURE <u>Ella Crass</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>1 Shilph Carter Thayer Missouri Cooper</u>																																																																																																					

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

RECEIVED 6/6/49
District Health Officer No. 5.

District File Number 649436

Date Filed 6/16/49

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 Leland Carter.....

Licensed Embalmer No. 4516.....

P. O. Address Thayer, 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.