

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3625**

FILED JAN 31 1950

No. 300
10-48
087

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Vernon	
b. CITY OR TOWN Nevada	c. LENGTH OF STAY (In this place) 64 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Nevada 1082	
d. FULL NAME OF HOSPITAL OR INSTITUTION 502 W. W. Admbr.		d. STREET ADDRESS (If rural, give location) 819. W. Sycamore St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Anna	b. (Middle) R.	c. (Last) Ferguson	DATE OF DEATH	(Month) 1	(Day) 16	(Year) 50
-------------------------------------	------------------------	-----------------------	---------------------------	---------------	------------------	-----------------	------------------

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 11, 1855	9. AGE (In years last birthday) 94	IF UNDER 1 YEAR 5 Months	IF UNDER 2 HRS. 6 Days	IF UNDER 1 MIN. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Penn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Exabbs	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE W. E. Ferguson
----------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Ralph Ferguson	ADDRESS Nevada, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH 6 days
	ANTECEDENT CAUSES DUE TO (b) Chr. interstitial nephritis		?
	DUE TO (c) General arteriosclerosis		?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of neck of right femur			4460
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) Nevada (COUNTY) Vernon (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 9 1950 9:30 A.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Last fallance and fell in bed room

22. I hereby certify that I attended the deceased from **Jan. 9, 1950**, to **Jan. 17, 1950**, that I last saw the deceased alive on **Jan 15, 1950**, and that death occurred at **2:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE C. R. King M.D.	(Degree or title)	23b. ADDRESS Nevada, Mo	23c. DATE SIGNED 1-17-50
---------------------------------------	-------------------	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-19-50	24c. NAME OF CEMETERY OR CREMATORY Deerwood	24d. LOCATION (City, town, or county) (State) Nevada Mo.
---	--------------------------	--	---

DATE REC'D BY LOCAL REG Jan. 23, 50	REGISTRAR'S SIGNATURE Rathyn H. Spencer	331	25. FUNERAL DIRECTOR'S SIGNATURE Eichinger Funeral Home	ADDRESS Nevada
--	--	-----	--	-----------------------

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7

District File Number 1249-201

Date Filed 1-30-50

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

Mark Eichinger

Licensed Embalmer No. 2676

P. O. Address Nevada, 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.