

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41662**

FILED DEC 30 1950

BIRTH MO. _____ REG. DIST. NO. 256 PRIMARY REG. DIST. NO. 5879 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY OSAGE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY OSAGE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL BENTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CHAMMOIS MO.	
c. LENGTH OF STAY (In this place) 6 YRS.		d. STREET ADDRESS (If rural, give location) RURAL	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION HOME			

3. NAME OF DECEASED (Type or Print) a. (First) PETER b. (Middle) CLINE c. (Last) FURGUSON			4. DATE OF DEATH (Month) (Day) (Year) 12-20-1950		
5. SEX MO	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 7-3-1873	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 3 Days 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) HUNTINGTON, W.V.	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME WA. FURGUSON	13b. MOTHER'S MAIDEN NAME LENORA ALTHUR	14. NAME OF HUSBAND OR WIFE MARGUERITE A. FURGUSON
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME P. Furguson ADDRESS Chammois
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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) Coronary Vasculon renal disease		INTERVAL BETWEEN ONSET AND DEATH 442X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis		
	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"/>
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21a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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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? _____
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22. I hereby certify that I attended the deceased from Oct, 1950, to 12-20, 1950, that I last saw the deceased alive on 12-14, 1950, and that death occurred at 2:40 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. O. McFally md.	23b. ADDRESS Jefferson City MO	23c. DATE SIGNED _____
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24a. BURIAL, CREMATION, OR OTHER FINAL DISPOSITION (Specify) 1)	24b. DATE 12-23-1950	24c. NAME OF CEMETERY OR CREMATORY DEER	24d. LOCATION (City, town, or county) (State) Chammois Osage Mo.
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DATE REC'D BY LOCAL REG. 12-22-1950	REGISTRAR'S SIGNATURE Anna Moran	448	25. FUNERAL DIRECTOR'S SIGNATURE Stanley C. Meyer ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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File No. _____
DISTRICT HEALTH OFFICE No. 4

RECEIVED
DEC 26 1950

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.

Signed _____

Stanley E. Meyer

Signed _____

Student Embalmer

Licensed Embalmer No. _____

4659

P. O. Address _____

Channah, 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.