

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29664

State File No.

40
REC'D SEP 13 1951

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5166 Registrar's No. 253

1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CALLAWAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL JACKSON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL JACKSON 0140</u>	
c. LENGTH OF STAY (in this place) <u>SOYAS.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 MILES EAST AUXVASSE, MO</u>		d. STREET ADDRESS (If rural, give location) <u>5 MILES EAST AUXVASSE, MO</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLA</u> b. (Middle) <u>A.</u> c. (Last) <u>FERGUSON.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 11 1951</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct 24 1865</u>		9. AGE (In years last birthday) <u>85</u> <small>if UNDER 1 YEAR Months Days Hours Min.</small>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>			11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>JOHN KEMP</u>		13b. MOTHER'S MAIDEN NAME <u>EDATHA D.K.</u>		14. NAME OF HUSBAND OR WIFE <u>George L. Ferguson</u>	
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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) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Claude Hazlett</u> ADDRESS <u>Auxvasse, MO</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u> ANTECEDENT CAUSES <u>Arterio Sclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>332X</u>				INTERVAL BETWEEN ONSET AND DEATH	
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 (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) (m.)		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 10, 1950, to Sept 11, 1951, that I last saw the deceased alive on Sept 9, 1951, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. Hinch, M.D.</u> (Degree or title) <u>0</u>		23b. ADDRESS <u>Middletown, Mo</u>		23c. DATE SIGNED <u>9/14-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>SEPT. 14, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unity</u>		24d. LOCATION (City, town, or county) (State) <u>Callaway County, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Sept 15-1951</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <u>1261</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Manjamin Funeral Home, Auxvasse, Mo.</u> ADDRESS _____	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No.
 DISTRICT HEALTH OFFICE No. 3
 JAN 15 1952

RECEIVED
SEP 17 1951

GOVERNOR
MAYOR

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 Walter J. Haine, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, 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.