S. No. 300
Rev. 10.48

FILED OCT 1 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29971

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 820

0396

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

1. PLACE OF DEATH a. COUNTY Greene	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springfield c. LENGTH OF STAY (in this place) 2 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springfield, Mo. 0396
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Johns Hospital	d. STREET ADDRESS (If rural, give location) 538 E. Normal 0

3. NAME OF DECEASED (Type or Print)	a. (First) B.	b. (Middle) Frank	c. (Last) Ferguson	4. DATE OF DEATH (Month) (Day) (Year) September 24 1951
5. SEX Male 0	6. COLOR OR RACE While	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH July 3 ~~1888~~ 1889	9. AGE (In years last birthday) ~~63~~ 62 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stove Moulder	10b. KIND OF BUSINESS OR INDUSTRY Wholesale Stove Co.	11. BIRTHPLACE (State or foreign country) Rogersville 0	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Edith A. Ferguson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs E. A. Ferguson, Springfield, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant tumor with metastases — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) original site undetermined
DUE TO (c) Lungs and liver involved

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 163 x

20. AUTOPSY? YES ☐ NO ☑

Corr. by aff. Oct. 31, 1951 [illegible]

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) Springfield, Greene, Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* Aug 16, 1951, *to* Sept 24, 1951, *that I last saw the deceased alive on* Sept 23, 1951, *and that death occurred at* 3:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) W.D. 0	23b. ADDRESS 609 Cherry St.	23c. DATE SIGNED Sept 25 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0	24b. DATE 1951 Sept. 25	24c. NAME OF CEMETERY OR CREMATORY Greenlawn	24d. LOCATION (City, town, or county) (State) Springfield, Missouri
DATE REC'D BY LOCAL REG. 9-25-51	REGISTRAR'S SIGNATURE W. E. Handley M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alma Lohmeyer, Springfield Mo	

(Licensed Embalmer's Statement on Reverse Side)

Harry Silby Jr.

DEC 7 1951

OCT 10 1951

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Bernard F. Wright

Signed.....
Student Embalmer

Licensed Embalmer No. 4593

P. O. Address Springfield

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Greene

State File No. 29971
Local Registrar's No. 820

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 27th day of October, 194 51 before me appears Edith A Ferguson, who, upon her oath, states that the original record of ~~birth~~ death for B Frank Ferguson, ~~born~~ died September 24, 19 51 in the State of Missouri, and which was filed at Springfield ~~///~~ on Sept 25, 19 51, should be corrected as follows:

Item No. 8 should read 1889
Instead of 1888

Item No. 9 should read 62
Instead of 63

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Edith A Ferguson Wife
Relationship.

538 East Normal, Springfield, Mo
Present Address.

Subscribed and sworn to before me this 27th day of October, 194 51

My Commission expires 3-22-54 Cena P. Matthis Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

9 1951

V. S. 135
M—8-43
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