

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40794

State File No. ....

FILED JAN 11 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 1368

**1. PLACE OF DEATH**  
 a. COUNTY Buchanan  
 b. CITY OR TOWN St. Joseph Mo. RFD 3  
 c. LENGTH OF STAY (in this place) 9 30 yrs  
 d. FULL NAME OF HOSPITAL OR INSTITUTION Buchanan County Infirmary

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)  
 a. STATE Missouri  
 b. COUNTY Buchanan  
 c. CITY OR TOWN St. Joseph RFD # 3  
 d. STREET ADDRESS RFD #3

**3. NAME OF DECEASED**  
 a. (First) FLORENCE  
 b. (Middle) NONE  
 c. (Last) FERGUSON

**4. DATE OF DEATH**  
 (Month) 12 (Day) 27 (Year) 1951

**5. SEX**  
Female

**6. COLOR OR RACE**  
White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)**  
Divorced

**8. DATE OF BIRTH**  
Feb. 22 1882

**9. AGE (In years last birthday)**  
69

**# UNDER 1 YEAR**  
Months \_\_\_\_\_ Days \_\_\_\_\_

**# UNDER 6 MRS.**  
Hours \_\_\_\_\_ Min. \_\_\_\_\_

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired)  
None

**10b. KIND OF BUSINESS OR INDUSTRY**  
none

**11. BIRTHPLACE** (State or foreign country)  
Lincoln Nebr.

**12. CITIZEN OF WHAT COUNTRY?**  
USA

**13a. FATHER'S NAME**  
unk.

**13b. MOTHER'S MAIDEN NAME**  
unknown

**14. NAME OF HUSBAND OR WIFE**  
unknown

**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** ADDRESS  
County Infirmary Records, St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) Mitral Insufficiency

**ANTECEDENT CAUSES**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Acute Arthritis  
Chronic Arthritis  
DUE TO (c) \_\_\_\_\_

**II. OTHER SIGNIFICANT CONDITIONS**  
Conditions contributing to the death but not related to the disease or condition causing death. ##

**INTERVAL BETWEEN ONSET AND DEATH**  
2 years

**19a. DATE OF OPERATION**  
None

**19b. MAJOR FINDINGS OF OPERATION**  
410X

**20. AUTOPSY?**  
YES  NO

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)  
None

**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) (Min.)

**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 Jan 1st, 1949, to Dec 27th, 1951, that I last saw the deceased alive on Dec. 23d, 1951 and that death occurred at 6:15 p.m., from the causes and on the date stated above.**

**23a. SIGNATURE** (Degree or title)  
B. W. Tadlock M. D.

**23b. ADDRESS**  
King Hill Bldg. St. Joseph

**23c. DATE SIGNED**  
12/28 '51

**24a. BURIAL, CREMATION, REMOVAL (Specify)**  
Burial

**24b. DATE**  
12/31/51

**24c. NAME OF CEMETERY OR CREMATORY**  
Ashland Cemetery St. Joseph Mo

**24d. LOCATION** (City, town, or county) (State)

**DATE REC'D BY LOCAL REG.**  
Jan 7, 1952

**REGISTRAR'S SIGNATURE**  
Carl C. Casper

**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS  
Stammy Funeral Home St. Joseph Mo

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

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.....  
Student Embalmer

Signed... *Charles E. Bennett*

Licensed Embalmer No. *4677*

P. O. Address *St. Joseph 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.