

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31308

State File No.

5. No. 300
v. 10.48

FILED SEP 22 1952

BIRTH NO.

REG. DIST. NO. 128

PRIMARY REG. DIST. NO. 2000

Registrar's No. 850

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—L-396

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 (If outside corporate limits, write RURAL and give OR TOWN Springfield)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield 0396	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 830 W. Scott	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burger-Connelly Rest Home			

3. NAME OF DECEASED (Type or Print) a. (First) Nora		b. (Middle)		c. (Last) Ferguson		4. DATE OF DEATH (Month) (Day) (Year) 9 15 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 3/22/1883	
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months 5		IF UNDER 2 HRS. Days 23		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Polk County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John Jones		13b. MOTHER'S MAIDEN NAME Mary Jane Shea		14. NAME OF HUSBAND OR WIFE W.C. Ferguson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if unknown) No. (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ben L. Ferguson - Springfield, Mo. ADDRESS	

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) Thrombosis, cerebral		INTERVAL BETWEEN ONSET AND DEATH 3 months	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerosis		3 years	
		DUE TO (c) Hypertension			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 332X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
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?	

22. I hereby certify that I attended the deceased from **January 1950**, to **Sept 15, 1952**, that I last saw the deceased alive on **9-14, 1952**, and that death occurred at **7:30 p. m.**, from the causes and on the date stated above.

23. SIGNATURE J. Newton Wakeman (Degree or title) M.D.		23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 9-17-52	
24. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-18-52		24c. NAME OF CEMETERY OR CREMATORY Greenlawn	
				24d. LOCATION (City, town, or county) (State) Walnut Grove Missouri	

DATE REC'D BY LOCAL REG. 9-19-52		REGISTRAR'S SIGNATURE Edith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE Daniel A. Grove - Mo ADDRESS	
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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
Student Embalmer

Student Embalmer No. _____

Signed Joseph L. Samuel

Licensed Embalmer No. 4702

P. O. Address St. George 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.