V.S. No. 200
Rev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41434

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BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 192

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mexico
c. LENGTH OF STAY (in this place): 3 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 527 S. Washington St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Audrain
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mexico
d. STREET ADDRESS (If rural, give location): 527 S. Washington St.

3. NAME OF DECEASED (Type or Print)
a. (First): Ray
b. (Middle): Dirvage
c. (Last): Ferguson

4. DATE OF DEATH (Month) (Day) (Year): Dec. 16 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Aug. 25, 1928
9. AGE (In years last birthday): 24 — 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): Veterans Agricultue Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Mexico Schools
11. BIRTHPLACE (City and State or Foreign Country): Pierce City, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: L. A. Ferguson
13b. MOTHER'S MAIDEN NAME: Lota Q. Ferguson
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): _____
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: L. H. Ferguson, Pierce City, 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) Inquest with jury. Shock from ruptured Ulcers
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Post wall of Stomach. 10 Ulcers.
DUE TO (c) Death was sudden unattended

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. by physician. No evidence of Violence

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: 5401
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Ulcers of Stomach
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Mexico Audrain Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: none

22. *I hereby certify that I attended the deceased from* Inquest with jury, 19__, *that I last saw the deceased* Died *on* 12/16, 1952, *and that death occurred at* 2 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. C. Adams M.D. Coroner
23b. ADDRESS: Mexico Mo.
23c. DATE SIGNED: 12/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Dec. 17'52
24c. NAME OF CEMETERY OR CREMATORY: Clear Creek Cemetery
24d. LOCATION (City, town, or county) (State): Pierce City, Mo.

DATE REC'D BY LOCAL REG.: Dec-17-1952
REGISTRAR'S SIGNATURE: Blanche Neely-O
25. FUNERAL DIRECTOR'S SIGNATURE: Chas Arnold Jr
ADDRESS: Mexico, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Clod Arnold Jr

Licensed Embalmer No. 3569

P. O. Address Marceline 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.