

FILED JAN 19 1953

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1948
Registrar's No. 1

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4049

I. PLACE OF DEATH
 a. COUNTY JEFFERSON
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HILLBORO
 c. LENGTH OF STAY (In this place) 2 WKS
 d. FULL NAME OF HOSPITAL OR INSTITUTION CEDAR GROVE NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission.)
 a. STATE MO
 b. COUNTY JEFF
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FESTUS
 d. STREET ADDRESS (If rural, give location) LEE AVENUE

3. NAME OF DECEASED (Type or Print)
 (First) WILLIAM (Middle) HARRY (Last) FERGUSON

4. DATE OF DEATH (Month) (Day) (Year)
JAN. 1 1953

5. SEX M **6. COLOR OR RACE** W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
WIDOWED

8. DATE OF BIRTH SEPT 8 1867
9. AGE (In years last birthday) 85
 If under 1 year: Months _____ Days _____
 If under 1 mo.: Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
RETIRED
10b. KIND OF BUSINESS OR INDUSTRY
FARM LABOR
11. BIRTHPLACE (State or foreign country)
MO
12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME HARRY FERGUSON
13b. MOTHER'S MAIDEN NAME ANNA DECKER
14. NAME OF HUSBAND OR WIFE DEC' DREW HOOD

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 MRS ELBA ABEL FESTUS
ADDRESS 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) Cerebral thrombosis with left hemiplegia
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Cerebral arteriosclerosis
 DUE TO (c) Generalized arteriosclerosis

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

INTERVAL BETWEEN ONSET AND DEATH
5 days
3 years
4 years +

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION 332X

20. AUTOPSY? YES NO

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 **NOT WHILE AT WORK**
21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Dec. 17 1952 **to** Jan 1 1953, **that I last saw the deceased alive on** Dec 31 1952, **and that death occurred at** 9:00 p.m., **from the causes and on the date stated above.**

23a. SIGNATURE (Degree or title) Thomas A. Donnell M.D.
23b. ADDRESS Desoto, Mo.
23c. DATE SIGNED 1-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE JAN 4, 53
24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY
24d. LOCATION (City, town, or county) (State) GRAUBVILLE MO

DATE REC'D BY LOCAL REG. 1-3-53
REGISTRAR'S SIGNATURE Edna M. Marada
25. FUNERAL DIRECTOR'S SIGNATURE HEILIGTAR FUNERAL HOME
ADDRESS IMPERIAL MO

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

3-53

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED JAN 14 1953

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, ~~on~~

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Almer A. Lightag

Licensed Embalmer No. 3571

P. O. Address Imperial 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.