

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2710**

FILED FEB 9 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3087** Registrar's No. **43**

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

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY OR TOWN <b>St. Charles</b>		c. CITY OR TOWN <b>St. Charles</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>6 yr.</b>		e. STREET ADDRESS (If rural, give location) <b>512 Lindenwood</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>512 Lindenwood</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b>	b. (Middle) <b>WAYNE</b>	c. (Last) <b>FERGUSON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>February 3, 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married /</b>	8. DATE OF BIRTH <b>August 11, 1898</b>	9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>23</b>	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Inspector</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Car Foundry Co</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Parris, Tenn.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John H. Ferguson</b>	13b. MOTHER'S MAIDEN NAME <b>Millie C. Nesting</b>	14. NAME OF HUSBAND OR WIFE <b>Gwen Applebury Ferguson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>412-01-1941</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Edward Ferguson, St. Charles, Missouri</b>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>30 minutes</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute myocardial infarction</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Previous myocardial infarction 6 years</b> DUE TO (c) <b>Coronary sclerosis 6 years</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Influenza</b>		10 days	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Dec 15, 1947**, to **Feb 3, 1953**, that I last saw the deceased alive on **Feb 1, 1953** and that death occurred at **12:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Wesley County</b>	(Degree or title) <b>W.D.</b>	23b. ADDRESS <b>St. Charles, Mo</b>	23c. DATE SIGNED <b>Feb 4, 1953</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>February 4, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Memphis, Tenn.</b>
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DATE REC'D BY LOCAL REG. <b>Feb 4, 1953</b>	REGISTRAR'S SIGNATURE <b>Frankie Johnston</b>	FUNERAL DIRECTOR'S SIGNATURE <b>W. C. Buchanan</b>	ADDRESS <b>Banc St. Charles Mo.</b>
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APR 10 1958

APR 5 1958

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.....  
Signature of Student Embalmer

Signed *Clarence M. Billo*

Licensed Embalmer No. *4375*

P. O. Address *St. Charles Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.