

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1303

38

FILED JAN 27 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Oregon</u> b. COUNTY <u>DOUGLAS</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Tan-sha-city</u>	c. LENGTH OF STAY (In this place) <u>34 da</u>	c. CITY OR TOWN <u>Glendale</u>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Lakeside</u>		e. STREET ADDRESS (If rural, give location) <u>4360</u>	

3. NAME OF DECEASED (Type or Print) <u>Mildred</u>	a. (First) <u>Mildred</u>	b. (Middle) <u>Elise</u>	c. (Last) <u>Ferguson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-3-54</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>July-8-1920</u>	9. AGE (In years last birthday) <u>33</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Flourna-Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Robert Eldenburg</u>	13b. MOTHER'S MAIDEN NAME <u>Theresa White</u>	14. NAME OF HUSBAND OR WIFE <u>Dr. H.M. Ferguson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dr. H.M. Ferguson</u> ADDRESS <u>Glendale Oregon</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>(a) Pilonitis</u>	INTERVAL BETWEEN ONSET AND DEATH <u>6-7 days</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES (c) <u>Dividional ulcer</u>	<u>4-5 yrs</u>
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Volvulus</u>	
	II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)	<u>5410</u>

19a. DATE OF OPERATION <u>12/9/53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Pyloric obstruction</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.	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 11-30, 1953 to 1-3, 1954, that I last saw the deceased Y alive on 1-3, 1954, and that death occurred at 10:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Elise E. Zintl</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>4748 Prospect N.C. Mo.</u>	23c. DATE SIGNED <u>1/4/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1-5-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah</u>
24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcome's Sons</u>	ADDRESS <u>N.C. Mo.</u>
DATE REC'D BY LOCAL REG. <u>1-5-54</u>	REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

LC 3772

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 *R. Earl J. Kay*

Licensed Embalmer No. *48*

P. O. Address *610*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.