

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4822

FILED MAR 15 1954

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 627

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>55 Yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hosp.</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
3. NAME OF DECEASED a. (First) <u>Marguerite</u> (Type or Print)		b. (Middle) <u>C.</u> c. (Last) <u>Ferguson</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 9, 1954</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Oct. 5, 1876</u>		9. AGE (In years last birthday) <u>77</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Mathew Schwagler</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Stoffer</u>	
14. NAME OF HUSBAND OR WIFE <u>James B. Ferguson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Earle J. Ferguson, K.C. Mo.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Bronchiectasis</u> DUE TO (c) <u>Asthma + Emphysema</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arteriosclerosis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) <u>241X</u>	
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 <u>Oct. 10, 1949</u> , to <u>Feb. 9, 1954</u> , that I last saw the deceased alive on <u>Feb. 9, 1954</u> , and that death occurred at <u>7:45 P. M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>W. A. Slentz</u> M.D.		23b. ADDRESS <u>315 Nichols Rd. K.C. Mo.</u>	
23c. DATE SIGNED <u>2/11/54</u>		24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Burial</u>	
24b. DATE <u>2/13/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Josephs Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Shawnee, Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gates Funeral Home, K.C. Kans.</u>	
DATE REC'D BY LOCAL REG <u>2-12-54</u>		REGISTRAR'S SIGNATURE <u>Heraldine Smith</u>	

DR. W^M A. Slentz
Plaza Medical
LO 1533
J.P.M.

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 Jimmy S. Hucksbaum
Licensed Embalmer No. 4092

P. O. Address Missouri, Kansas

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.