

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

5337

No. 300  
10. 48

State File No. ....

BIRTH NO. FILED FEB 24 1954 REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 16

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <b>Lawrence</b>	b. CITY OR TOWN <b>Aurora</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Lawrence</b>
c. LENGTH OF STAY (in this place) <b>44 Yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Aurora</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Aurora Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>33 West St. Louis</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>Amanda</b>	b. (Middle) <b>Leona</b>	c. (Last) <b>Ferguson</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Feb. 12, 1954</b>
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<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>March 28, 1877</b>	<b>9. AGE</b> (In years last birthday) <b>76</b>	<b>10. MONTHS</b> <b>10</b>	<b>11. DAYS</b> <b>24</b>	<b>12. IF UNDER 24 HRS.</b> Hours   Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Home</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Barry County, Mo.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>W. R. Howerton</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Nancy Adline</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Rev. G.A. Ferguson</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Ona Angelo</b>	<b>ADDRESS</b> <b>Aurora, Mo.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>2.4 hrs.</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Terminal pneumonia</b>		
	<b>ANTECEDENT CAUSES</b> DUE TO (b) <b>Chronic suppurative</b> DUE TO (c) <b>lypho-tuberculosis.</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>602X</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from** Feb 12, 1954 **to** Feb 12, 1954 **that I last saw the deceased alive on** Feb 12, 1954 **and that death occurred at** 4:20 p.m. **from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>[Signature]</i>	(Degree or title) <b>Dr. P. J. Adams, M.D.</b>	<b>23b. ADDRESS</b>	<b>23c. DATE SIGNED</b> <b>2-16-54</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>2-14-54</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Maple Park</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Aurora, Lawrence, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>2/17/54</b>	<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>WILLIAM WOOD F. H.</b>	<b>ADDRESS</b> <b>Aurora, Mo.</b>
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(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 \_\_\_\_\_

*James D. Crafton*

Licensed Embalmer No. \_\_\_\_\_

*4668*

P. O. Address \_\_\_\_\_

*Aurora, 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.