

BIRTH NO.		REG. DIST. NO. <u>247</u>		PRIMARY REG. DIST. NO. <u>4366</u>		Registrar's No. <u>22</u>	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, write RURAL [] or TOWN []) <u>Granby</u>		c. LENGTH OF STAY (If in this place) <u>8 ds.</u>		c. CITY (If outside corporate limits, write RURAL [] or TOWN []) <u>Granby</u>		d. STREET ADDRESS <u>6730</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Granby Community Hosp.</u>				d. STREET ADDRESS <u>6730</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Perry</u>		b. (Middle) <u>Everett</u>		c. (Last) <u>Ferguson</u>		14. DATE OF DEATH (Month) (Day) (Year) <u>5-26-'54</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5-25-1886</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>stock trader, butcher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Merc</u>		11. BIRTHPLACE (State or foreign country) <u>Adrian, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>David Ferguson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Collins Lacey Ferguson</u>		14. NAME OF HUSBAND OR WIFE <u>Lacey 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>-</u>		17. INFORMANT'S SIGNATURE OR NAME & ADDRESS <u>Lacey Ferguson, Granby</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>Combined degeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Perniciou anemia</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 Days</u> <u>undetermiel</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>2900</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>May 15, 1954</u> , to <u>May 26, 1954</u> that I last saw the deceased alive on <u>May 26, 1954</u> , and that death occurred at <u>2 Noon</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Chas. D. Chetty, D.D.</u>				23b. ADDRESS <u>GRANBY, Mo</u>		23c. DATE SIGNED <u>5-27-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>		24b. DATE <u>5-29-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Diamond Cemetery, Diamond, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>		
DATE REC'D BY LOCAL REG. <u>May 29, 1954</u>		REGISTRAR'S SIGNATURE <u>M. L. Young</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Floyd E. Shaw</u>		ADDRESS <u>Granby, Mo.</u>	

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 654-94

Date Filed JUN 4 1954

NEOSHO, MISSOURI

AUG 26 1954

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 F. E. Shewmake Jr.

Licensed Embalmer No. 4923

P. O. Address Box 58 Granby, 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.