

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31164

State File No. _____

0570
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BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY LINCOLN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE 216 b. COUNTY HANCOCK	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) TROY Rural	c. LENGTH OF STAY (In this place) 1 DAY	c. CITY OR TOWN NAUVOO	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION LINCOLN Co MEMORIAL Hosp.		e. STREET ADDRESS (If rural, give location) 8120 8	
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) ELMER c. (Last) FERGUSON			4. DATE OF DEATH (Month) (Day) (Year) Sept 23 54
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 24 1879
9. AGE (In years last birthday) 74	10. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and State or Foreign Country) HANCOCK Co Mo	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Ferguson		13b. MOTHER'S MAIDEN NAME Jackson	14. NAME OF HUSBAND OR WIFE Bertha Ferguson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. 477-073166	17. INFORMANT'S SIGNATURE OR NAME Arthur Ferguson ADDRESS High Hill Mo	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 5 min. ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4/201		20. AUTOPSY? YES <input 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 9-23 , 19 54 , to 9-23 , 19 54 , that I last saw the deceased alive on 9-23 , 19 54 , and that death occurred at 5:00 p.m. , from the causes and on the date stated above.			
23. SIGNATURE Arthur Ferguson (Degree or title)		23b. ADDRESS 1 Ray Mo	23c. DATE SIGNED 9/23/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 25 - 54	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) NAUVOO Mo
DATE REC'D BY LOCAL REG. Oct 2 - 1954	REGISTRAR'S SIGNATURE Emma R. Riddle	25. GENERAL DIRECTOR'S SIGNATURE L. A. Harding ADDRESS Joplin Mo	

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

927 3 120

OCT 27 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.....
Signature of Student Embalmer

Signed *Carl A. Harding*

Licensed Embalmer No. *411*
P. O. Address *Corvallis*

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.