

36483

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300

FILED DEC 14 1954

10.48

BIRTH NO. _____		REG. DIST. NO. <u>30</u>		PRIMARY REG. DIST. NO. <u>5080</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Dates</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Deer Creek Twp.</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Dates</u>	
c. LENGTH OF STAY (in this place) <u>3 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Deer Creek Twp.</u>		d. STREET ADDRESS (If rural, give location)		e. ZIP CODE <u>64070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Margaret</u>	b. (Middle) <u>Allen</u>	c. (Last) <u>Ferguson</u>	(Month) <u>Dec.</u>	(Day) <u>10</u>	(Year) <u>1954</u>	Female	6. COLOR OR RACE <u>White</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 25, 1896</u>	9. AGE (in years last birthday) <u>58</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bates County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bates County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Alfonso Weedin</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Lankford</u>		14. NAME OF HUSBAND OR WIFE <u>William Edwin Ferguson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>W.E. Ferguson, Adrian Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE PULMONARY EMBOLISM</u>		DUE TO (b) <u>CHRONIC THROMBO-PHLEBITIS RIGHT LEG</u>				<u>30 MIN</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>VARICOSE VEINS BOTH LEGS</u>				<u>3 MONTHS</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				<u>UNKNOWN</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>463X</u>				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) (Min.)	
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>JAN 1953</u> , to <u>DEC 10, 1954</u> , that I last saw the deceased alive on <u>DEC. 9, 1954</u> , and that death occurred at <u>4:45A</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>John M. Cooper M.D.</u>		23b. ADDRESS <u>BUTLER, MO</u>		23c. DATE SIGNED <u>12-11-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-13-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Adrian Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-11-54</u>		REGISTRAR'S SIGNATURE <u>Myra Orman 16-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lif Funeral Service Adrian Mo.</u>			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING 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 \_\_\_\_\_ *Adrian Mo*

Licensed Embalmer No. *3450*

P. O. Address *Adrian 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.