

No. 300
10-48

FILED JAN 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40920

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5521

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| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY | c. LENGTH OF STAY (in this place) 1 week | c. CITY OR TOWN INDEPENDENCE | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) VETERANS ADMINISTRATION HOSPITAL | | STREET ADDRESS (If rural, give location) 916 EAST SOUTH AVENUE | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) JAMES | b. (Middle) DEWARD | c. (Last) FERGUSON | 4. DATE OF DEATH (Month) (Day) (Year) November 30, 1954 |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | 8. DATE OF BIRTH February 4, 1894 | 9. AGE (In years last birthday) 60 | IF UNDER 1 YEAR Months Days | IF UNDER 12 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hauling | 10b. KIND OF BUSINESS OR INDUSTRY Contractor | 11. BIRTHPLACE (City and State or Foreign Country) Levasy, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Henry Ferguston | 13b. MOTHER'S MAIDEN NAME Lyda Powell | 14. NAME OF HUSBAND OR WIFE --- |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes WWI | 16. SOCIAL SECURITY NO. 490-05-3714 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Gerald Pryor - Indep. Mo. | ADDRESS --- |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease | INTERVAL BETWEEN ONSET AND DEATH 6 mos |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary emphysema, obstructive | 7 years |
| | DUE TO (c) | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | 4200 |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) VA | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from **November 23, 54, to Nov. 30, 1954**, and that death occurred at **9:30 Am.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Arthur P. Klotz, M.D. | 23b. ADDRESS VA Hospital, Kansas City, Missouri | 23c. DATE SIGNED 11/30/54 |
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| 24a. BURIAL CREMATION, REMOVAL (Specify) | 24b. DATE Dec. 5, 1954 | 24c. NAME OF CEMETERY OR CREMATORY Salem | 24d. LOCATION (City, town, or county) (State) 5 miles E. Ind. on 24Hy |
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| DATE REC'D BY LOCAL REG. 12-1-54 | REGISTRAR'S SIGNATURE Neva Marshall | 25. FUNERAL DIRECTOR'S SIGNATURE Ott & Mitchell | ADDRESS Indep. Mo. |
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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.....
Signature of Student Embalmer

Signed..... *Jason T. White*

Licensed Embalmer No. 492

P. O. Address *Indep.*

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.