

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1432**

FILED JAN 25 1955

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>12</u>		
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. LENGTH OF STAY (In this place) YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		0X95		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2402 PICHER				d. STREET ADDRESS (If rural, give location) 2402 PICHER				
3. NAME OF DECEASED (Type or Print) a. (First) H.		b. (Middle) ELLEN		c. (Last) FERGUSON		4. DATE OF DEATH (Month) (Day) (Year) JAN 14 1955		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH NOV. 7, 1867		
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) CEDAR RAPIDS, IOWA		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME SIMSON			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE J. W. FERGUSON		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. E. L. GARDNER 2402 PICHER				
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) <u>Perniciou anemia</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Myocardial Degeneration</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 12 1/2 yrs 10 1/2 yrs 10 1/2 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X					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 <u>4-11-42</u> , 19 <u> </u> , to <u>1-14-55</u> , 19 <u> </u> , that I last saw the deceased alive on <u>1-14-55</u> , 19 <u> </u> , and that death occurred at <u>3:20 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Walter Howard M.D.</u>				23b. ADDRESS <u>1500 Bldg. Joplin Mo</u>		23c. DATE SIGNED <u>1/17/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE <u>1-17-55</u>		24c. NAME OF CEMETERY OR CREMATORY FOREST PARK CEMETERY		24d. LOCATION (City, town, or county) (State) JOPLIN, MO.		
DATE REC'D BY LOCAL REG. <u>1-20-55</u>		REGISTRAR'S SIGNATURE <u>James 138</u> <u>by Selma Tompkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY		JOPLIN, MO.		

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

County File Number 23-7-37
Date Filed JAN 24 1955

MAR 13 1963

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 _____

working under my personal supervision.

Student Embalmer No.

Signed F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin 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.