

FILED OCT 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30824**
Registrar's No. **8582**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8582			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____					
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 5MOB.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				e. STREET ADDRESS (If rural, give location) 5 5818 DeGiverville					
3. NAME OF DECEASED (Type or Print) a. (First) Rebecca		b. (Middle) Dickinson		c. (Last) Ferguson		4. DATE OF DEATH (Month) (Day) (Year) Sept. 30, 1955			
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 25, 1892			
9. AGE (In years last birthday) 63yrs		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 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 Home		11. BIRTHPLACE (City and State or Foreign Country) Glasgow, Ky.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Wm. Day Dickinson			13b. MOTHER'S MAIDEN NAME Annie Rowlett			14. NAME OF HUSBAND OR WIFE Eugene B. Ferguson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Miss Ann Ferguson ADDRESS 5818 DeGiverville				
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) Carcinoma of cervix with metastasis ANTECEDENT CAUSES DUE TO (b) Bronchopneumonia DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 171x				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 7-15-55		19b. MAJOR FINDINGS OF OPERATION Wesico-sigmoid fistula; ca. with metastasis				20. AUTOPSY? YES <input checked="" 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) _____		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 2-15-54 , 19____, to 9-29-55 , 19____, that I last saw the deceased alive on 9-29-55 , 19____, and that death occurred at 4:30a.m. , from the causes and on the date stated above.									
23a. SIGNATURE Edward M. Garrison (Degree or title) _____				23b. ADDRESS 714 University Club Bldg.		23c. DATE SIGNED 9/30/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct. 1, 1955		24c. NAME OF CEMETERY OR CREMATORY Glasgow Cemetery		24d. LOCATION (City, town, or county) (State) Glasgow Ky.			
DATE REC'D BY LOCAL REG. SEP 30 1955		REGISTRAR'S SIGNATURE J. Earl Smith m.d.		25. FUNERAL DIRECTOR'S SIGNATURE Alvander & Sons 6125 Delmar ADDRESS _____					

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

S.P. (Licensed Embalmer's Statement on Reverse Side)

Dr. Edw M Cannon
W Club Bldg
Je 3-4370

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 *Melvin J Kempe*

Licensed Embalmer No. *405*

P. O. Address *3505 Oak St. Luccis 20,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.