

FILED NOV 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **35850**BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5019 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Andrew	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Helena		c. CITY OR TOWN Helena	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 66 years		e. STREET ADDRESS (If rural, give location) 0020	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) EFFIE b. (Middle) _____ c. (Last) FERGUSON			4. DATE OF DEATH November 6, 1955 (Month) (Day) (Year)		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) never married	8. DATE OF BIRTH Sept. 27, 1870	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Jamestown, Pa.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Ferguson		13b. MOTHER'S MAIDEN NAME Clarissa Bogar		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lola Rhodus, Helena, Missouri ADDRESS	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Paralysis (Increased Intracranial Pressure) ANTECEDENT CAUSES Due to (b) Metastatic Carcinoma Of Brain Due to (c) Primary Carcinoma of Breast 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 170X			INTERVAL BETWEEN ONSET AND DEATH Hours Months Years	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 10-28, 1954, to 11-6, 1955, that I last saw the deceased alive on 11-6, 1955, and that death occurred at 8:15p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lyle A. Sparks, D.O.		23b. ADDRESS Union Star, Mo.		23c. DATE SIGNED 11-8-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11/8/1955		24c. NAME OF CEMETERY OR CREMATORY Helena Cemetery	
24d. LOCATION (City, town, or county) (State) Helena, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Hester Bowman St Joseph, Mo.		ADDRESS	
DATE REC'D BY LOCAL REG. 11-12-55		REGISTRAR'S SIGNATURE Lillian Sparks		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

(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 *Richard D. Ellis*

Licensed Embalmer No. *495*
319-10-10
P. O. Address *St. Joseph*

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.