

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **42041**  
Registrar's No. **11301**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis Missouri</b>		c. CITY OR TOWN <b>St. Louis Mo.</b>	
c. LENGTH OF STAY (In this place) <b>16 days</b>		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 <b>Missouri Baptist Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>25 415 No. 12th</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mabel</b>		b. (Middle) <b>A</b>	
c. (Last) <b>Ferguson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 24, 1955</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Sept 11, 1877</b>
9. AGE (In years last birthday) <b>78</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR Days <b>3</b> IF UNDER 1 YEAR Hours <b>13</b> IF UNDER 1 YEAR Min. _____
11. BIRTHPLACE (City and State or Foreign Country) <b>Hannibal Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Cyrus L. Albertson</b>		13b. MOTHER'S MAIDEN NAME <b>Augusta Wentworth</b>	
14. NAME OF HUSBAND OR WIFE <b>Arthur Lee Ferguson</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Rev. Deah Sweet, 5475 Cabanne</b>	
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) <b>Arteriosclerotic heart disease 2 1/2 years</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Intestinal obstruction partial 2 weeks</b> <b>Hypertrophic Arteriosclerosis 10 years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>420.0</b>	
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) (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 <b>Nov 1, 1953, to 12-24, 1955</b> , that I last saw the deceased alive on <b>12-24, 1955</b> ; and that death occurred at <b>2:30 P.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>George Pennington MD</b>		23b. ADDRESS <b>812 Olive St - St Louis</b>	
23c. DATE SIGNED <b>12/26/55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	
24b. DATE <b>12-27-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivette Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Hannibal Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C.R. Lupton and Sons</b>	
25. FUNERAL DIRECTOR'S ADDRESS <b>7233 Delmar Blvd.</b>		DATE REC'D BY LOCAL REG. <b>DEC 27 1955</b>	
REGISTRAR'S SIGNATURE <b>Charles Smith MD</b>		(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 *Clarence H. Mirra*

Licensed Embalmer No. *401*

P. O. Address *St. Louis*

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.