

FILED FEB 6 1956

STANDARD CERTIFICATE OF DEATH

State File No. 131

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler		c. CITY OR TOWN Butler	d. In 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)		e. STREET ADDRESS (If rural, give location) South Main Street 00710	
d. FULL NAME OF HOSPITAL OR INSTITUTION South Main St			

3. NAME OF DECEASED (Type or Print) a. (First) Lynett b. (Middle) Kay c. (Last) Ferguson			4. DATE OF DEATH (Month) (Day) (Year) Jan 26 1956		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH June 18 47	9. AGE (In years last birthday) 8	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St Joseph Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Clarence D Ferguson	13b. MOTHER'S MAIDEN NAME Mary Lou Green	14. NAME OF HUSBAND OR WIFE XXX
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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) no	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary E Ritchie-Butler Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pulmonary edema		INTERVAL BETWEEN ONSET AND DEATH 3 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) congenital heart disease		8 years
	DUE TO (c) Hurler's syndrome		8 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	2890	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)
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 Jan 25 1956 to Jan 26 1956, that I last saw the deceased alive on Jan 26 1956, and that death occurred at 11:30 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. D. Lattner, M.D.	23b. ADDRESS Butler Missouri	23c. DATE SIGNED 1/27/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 28/56	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	24d. LOCATION (City, town, or county) (State) St Joseph Mo
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DATE REC'D BY LOCAL REG. Jan. 28-56	REGISTRAR'S SIGNATURE Kendall Kurray 17-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Culver Underwood-Butler Mo.
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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 *Robert G. Sturbeck*

Licensed Embalmer No. *465*

P. O. Address *Butte, N.M.*

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.