

FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13090

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>143</u>		PRIMARY REG. DIST. NO. <u>4232</u>		Registrar's No.		
1. PLACE OF DEATH a. COUNTY Howell				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Willow Springs)		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Willow Springs		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 General Hospital				e. STREET ADDRESS (If rural, give location) 046 P				
3. NAME OF DECEASED (Type or Print) a. (First) Avis			b. (Middle) Evans		c. (Last) FERGUSON		4. DATE OF DEATH (Month) (Day) (Year) March 6, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 27, 1872		9. AGE (In years last birthday) 83	10. MONTHS 3	11. DAYS 9	
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 (City and State or Foreign Country) Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Unk.			13b. MOTHER'S MAIDEN NAME Unk.		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME F.L. Green, Willow Springs, Mo. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION 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.				INTERVAL BETWEEN ONSET AND DEATH one week
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 4201 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)		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>2/29, 1956</u> , to <u>3-6-56</u> , 19 <u> </u> , that I last saw the deceased alive on <u>3-6-56</u> , 19 <u> </u> , and that death occurred at <u>3PM</u> m., from the causes and on the date stated above.								
23a. SIGNATURE M.B. Perkins, M.D. (Degree or title)				23b. ADDRESS Willow Springs, Mo.		23c. DATE SIGNED 3-7-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-8-56	24c. NAME OF CEMETERY OR CREMATORY Pine Grove		24d. LOCATION (City, town, or county) (State) Willow Springs, Mo.			
DATE REC'D BY LOCAL REG. 4/12/56		REGISTRAR'S SIGNATURE Maribelle Burns		25. FUNERAL DIRECTOR'S SIGNATURE Burns Funeral Home, Willow Spgs., Mo. ADDRESS				

(Licensed Embalmer's Statement on Reverse Side)

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

APR 19

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

Fred W. Barnes
Signed.....**Fred W. Barnes**.....

Licensed Embalmer No.....**461**

P. O. Address **WillowSpring**

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.