

FILED APR 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15234**

BIRTH NO. _____		REG. DIST. NO. 336		PRIMARY REG. DIST. NO. 6128		Registrar's No. 364			
1. PLACE OF DEATH a. COUNTY Shannon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Shannon	
b. CITY (If outside corporate limits, write RURAL and give town or township) Eminence			c. LENGTH OF STAY (In this place) 1 yr.		c. CITY OR TOWN Eminence		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION None				e. STREET ADDRESS (If rural, give location) Rural				1010	
3. NAME OF DECEASED (Type or Print) a. (First) Walker			b. (Middle) Holmes		c. (Last) Ferguson		4. DATE OF DEATH (Month) (Day) (Year) Jan. 3, 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH April 17, 1892		9. AGE (In years last birthday) Months Days 63 8 20	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Gang, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A?	
13a. FATHER'S NAME James Carter Ferguson			13b. MOTHER'S MAIDEN NAME Nancy C. Holmes			14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bob Ferguson - Eminence, Mo.				
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) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombus 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 Sudden sudden	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201						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 _____, 19____, to _____, 19____, that I last saw the deceased alive on 1-1- , 19 56 , and that death occurred at 9: PM m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Duncan F. Walker D. (Coroner Shannon County)				23b. ADDRESS Eminence Mo			23c. DATE SIGNED 4-17-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 5, 1956		24c. NAME OF CEMETERY OR CREMATORY Holmes Cemetery		24d. LOCATION (City, town, or county) (State) Eminence, Mo.			
DATE REC'D BY LOCAL REG. 4/23/56		REGISTRAR'S SIGNATURE Mabel Belem			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan Funeral Home - Mtn. View, Mo.				

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

147-

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 *Joe R. Luman*
Licensed Embalmer No. *432*
P. O. Address *Mt. View*

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.