

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19247

State File No.

FILED MAY 21 1956

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>30721</u>		Registrar's No. <u>76</u>							
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>									
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Marshall</u>)		c. LENGTH OF STAY (in this place) <u>31 Yrs.</u>		c. CITY OR TOWN <u>Marshall</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>658 W. Thomas St.</u>				e. STREET ADDRESS (If rural, give location) <u>658 W. Thomas</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cornelius</u>			b. (Middle) <u>-</u>		c. (Last) <u>Ferguson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 12 1956</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 2-1883</u>		9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>10</u>		IF UNDER 2 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Baptist Preacher-Sold Bibles</u>				10b. KIND OF BUSINESS OR INDUSTRY <u></u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Hermitage, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John Thomas Ferguson</u>				13b. MOTHER'S MAIDEN NAME <u>Susan Ann Eads</u>				14. NAME OF HUSBAND OR WIFE <u></u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>491-07-7679</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lee Ferguson - Marshall, Missouri</u>							
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) <u>Generalized Carcinomatosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Tongue</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>12 years</u> <u>15 yrs.</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>141x</u>						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)		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>5 APR., 1956</u> , to <u>DEATH</u> , that I last saw the deceased alive on <u>30 APR., 1956</u> , and that death occurred at <u>10:15 AM</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>Edie McCorkle M.D.</u> (Degree or title)				23b. ADDRESS <u>Marshall Mo.</u>				23c. DATE SIGNED <u>14 May 56</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5/15/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>7 mi South of Hermitage, Mo.</u>							
DATE REC'D BY LOCAL REG. <u>5-14-56</u>		REGISTRAR'S SIGNATURE <u>Cecil D. Read</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Leslie Surrency - Marshall, Mo.</u>									

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

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MAY 31 1956

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.....
J. Lealic, Surrin

Licensed Embalmer No. *323*

P. O. Address *Marshall*

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.