S. No. 300
v. 10.48

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

FILED OCT 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30384

BIRTH NO. _____ REG. DIST. NO. 122 PRIMARY REG. DIST. NO. 2000 Registrar's No. 895

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place): 40 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2330 East Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN: Springfield
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 2330 East Avenue

0340

3. NAME OF DECEASED (Type or Print)
a. (First): DAVID
b. (Middle): FRANKLIN
c. (Last): FERGERSON

4. DATE OF DEATH (Month) (Day) (Year): Oct. 2, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 24 Sept. 1887
9. AGE (In years last birthday): 69 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): City Bus Driver
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and State or Foreign Country): Walnut Grove, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: J.O.Fergerson
13b. MOTHER'S MAIDEN NAME: Edmondson
14. NAME OF HUSBAND OR WIFE: Anna Fergerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Anna Fergerson — ADDRESS: Springfield, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ① Arteriosclerosis generalized — INTERVAL BETWEEN ONSET AND DEATH

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 ② Peptic Ulcer Duodenal, Obstructive
Conditions contributing to the death but not related to the disease or condition causing death ③ Uremia Secondary to ①

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: 4500
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 21 Jan, 1947, *to* 2 Oct, 1956, *that I last saw the deceased alive on* 27 Sept, 1956, *and that death occurred at* 2:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Stanley S. Peterson M.D.
23b. ADDRESS: 1211 S. Glenstone, Springfield, Missouri
23c. DATE SIGNED: 2 Oct 56.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-5-56
24c. NAME OF CEMETERY OR CREMATORY: Pleasant Hope
24d. LOCATION (City, town, or county) (State): Pleasant Hope Mo

DATE REC'D BY LOCAL REG.: 10-2-56
REGISTRAR'S SIGNATURE: Edith Wellman
25. FUNERAL DIRECTOR'S SIGNATURE: J.W. Klingner & Co.
ADDRESS: Spgfd. Mo.

(Licensed Embalmer's Statement on Reverse Side)

OCT 9 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.