

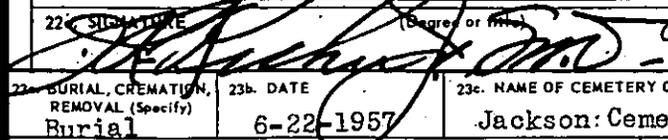
FILED JUL 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 0 21 536

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 315

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Joplin
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St John's Hospital		Length of stay in 1b 12 Days	d. STREET ADDRESS Rt #4 Box 166
3. NAME OF DECEASED (Type or print) First GEORGE Middle FRED Last FERGERSON			4. DATE OF DEATH 6-18-1957 Month Day Year
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-14-1908
9. AGE (In years last birthday) 48		10. FUNDER 1 YEAR Months Days Hours Min.	11. BIRTHPLACE (City and state or country) Neosho, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insulator		10b. KIND OF BUSINESS OR INDUSTRY Insulating	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME George W. Ferguson		13b. MOTHER'S MAIDEN NAME Nola James	14. NAME OF HUSBAND OR WIFE Dimple Ferguson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. 493-16-8276	17. INFORMANT Address Dimple Ferguson Rt #4 Bx 166 Joplin, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cirrhosis of the liver			INTERVAL BETWEEN ONSET AND DEATH Approx. 5 wks
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. } DUE TO (b) _____ DUE TO (c) _____			581.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>June 3, 1957</u> to <u>June 18, 1957</u> and last saw ^{him} her alive on <u>June 18, 1957</u> Death occurred at <u>2:20 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Signed or filed) 		22b. ADDRESS J. R. Kuhn, Jr., M. D. 321 Frisco Bldg., Joplin, Mo.	22c. DATE SIGNED 6-20-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-22-1957	23c. NAME OF CEMETERY OR CREMATORY Jackson Cemetery	23d. LOCATION (City, town, or county) (State) Joplin, Missouri
24. FUNERAL DIRECTOR Thornhill-Dillon		ADDRESS Joplin, Missouri	25. DATE RECD. BY LOCAL REG. 7-2-1957
		26. REGISTRAR'S SIGNATURE 	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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Date Filed JUL 8 1957

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 *David Dillon*

Licensed Embalmer No. *3898*
P. O. Address *Joplin, Mo*

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.