

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025470
STATE FILE NUMBER
3353

56142-57
FILED JUL 25 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 3353

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 5912 Blue Pkwy.		d. STREET ADDRESS (If outside, give location) 5912 Blue Pkwy.	
3. NAME OF DECEASED (Type or print) First Alice Middle Lorraine Last Ferguson		4. DATE OF DEATH Month 7 Day 7 Year 58	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7/12/57
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 11 MONTHS 11 DAYS 25
11. BIRTHPLACE (City and state or country) K. C. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph Ferguson		13b. MOTHER'S MAIDEN NAME Zona Ratliff	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Mrs. Zona Ferguson 5912 Blue Pkwy.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Seals by drowning			INTERVAL BETWEEN ONSET AND DEATH 89290 22
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b)			
DUE TO (c)			
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 checked="" 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 20.) Apparently fell into tub of water	
20c. TIME OF INJURY 12:30 p.m. 7-7-58		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE Mo.	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) Geo. C. Kealhofer, M.D., County Coroner		22b. ADDRESS 6627 Crestwood Dr. Mo.	
22c. DATE SIGNED 7-7-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 7-8-58		23c. NAME OF CEMETERY OR CREMATORY Ellington Cemetery	
24. FUNERAL DIRECTOR Sheil Funeral Home		23d. LOCATION (City, town, or county) (State) Ellington Mo.	
25. DATE RECD. BY LOCAL REG. 7-8-58		26. REGISTRAR'S SIGNATURE Neve Marshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

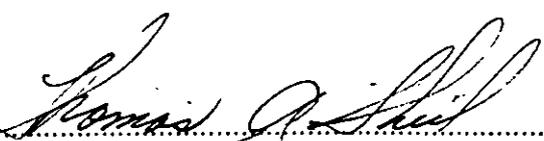
MEDICAL CERTIFICATION

Geo. C. Kealhofer

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  _____

Licensed Embalmer No. 4954

P. O. Address H.C. Mc

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.