

Health,  
Welfare  
Public  
Service

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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044595

STATE FILE NUMBER

FILED DEC 29 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 590

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) 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) St. Johns Hosp. 43 yrs		Length of stay in 1b 43 yrs	d. STREET ADDRESS (If outside, give location) 1405 W 5th
3. NAME OF DECEASED (Type or print) First Ira Middle Nelson Last Ferguson			4. DATE OF DEATH Month 12 Day 9 Year 1958
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-30-1895
9. AGE (In years at birthday) 63		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Service Station op.		10b. KIND OF BUSINESS OR INDUSTRY Auto Sewing Woodwork	11. BIRTHPLACE (City and state of country) USA.
13a. FATHER'S NAME Ashel Ferguson		13b. MOTHER'S MAIDEN NAME Minnie Ruth Stephens	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 491-01-4574	17. INFORMANT Address Lurene Ferguson 1405 W 5th 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) Carbon Monoxide Poisoning (according to blood analysis) DUE TO (b) 8916 DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH Less than 1 hour.
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 type="checkbox"/> NO <input checked="" 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 18.) Was washing cars with engine running in closed quarters at filling station - developed carbon monoxide hemoglobin		
20c. TIME OF INJURY Hour 12:30 p.m. Month, Day, Year 12-9-58	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, bridge, etc.) Filling station		20f. CITY, TOWN, OR LOCATION Joplin 122 Jasper Mo	
21. I attended the deceased from Death occurred at 2:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Walter H. Brown Joplin		22b. ADDRESS Joplin 122 Jasper Mo	
22c. DATE SIGNED 12-12-58		22d. SIGNATURE Dorice Merriam	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-11-1958	23c. NAME OF CEMETERY OR CREMATORY Orest Memorial PK	23d. LOCATION (City, town, or county) (State) Joplin Mo.
24. FUNERAL DIRECTOR Frank Dilon Joplin Mo		25. DATE RECD. BY LOCAL REG. 12-18-1958	26. REGISTRAR'S SIGNATURE Dorice Merriam

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 2 1959

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 Dallas* .....

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.