

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007763

FILED VS FEB 16 1960 910

3058

35

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY St. Charles b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles Length of stay in 1b c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles c. CITY OR TOWN St. Charles Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) 106 S. 3rd. St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Marie Middle S. Last Ferguson			4. DATE OF DEATH Month February Day 7 Year 1960				
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-15-72	9. AGE (last birthday) 88	IF UNDER 1 YEAR Months 0 Days 22 Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-keeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Charles, Mo.	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME John H. Stumberg		13b. MOTHER'S MAIDEN NAME Helene Linnemann		14. NAME OF HUSBAND OR WIFE William A. Ferguson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address H. K. Stumberg, St. Charles, 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) Cerebral thrombosis DUE TO (b) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Cerebral arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH 10 days		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pneumonia					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
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 July 16, 1958 , to Feb 7, 1960 and last saw her ^{him} alive on Feb 7, 1960 Death occurred at 6:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree, or title) Eugene J. Canty, M.D.			22b. ADDRESS St. Charles, Mo		22c. DATE SIGNED Feb 9, 1960		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-10-60	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		23d. LOCATION (City, town, or county) (State) St. Charles, Missouri			
24. FUNERAL DIRECTOR ADDRESS Arthur C. Baue, St. Charles, Mo.		25. DATE RECD. BY LOCAL REG. 2/10/60	26. REGISTRAR'S SIGNATURE Mucella Wilson				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 22 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David C. Paul

Licensed Embalmer No. 5060

P. O. Address S. J. Clarke,

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.