URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-019898

STATE FILE NUMBER

FILED VS MAY 24 1960

ENDED

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Holden — Length of stay in 1b: 90 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Holden Retirement home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Johnson
c. CITY OR TOWN Holden — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Holden, Missouri — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First LILLIAN Middle ALMA Last FERGUSON
4. DATE OF DEATH: Month May Day 19 Year 1960
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3/31/1879
9. AGE (last birthday): 90
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and state or country): Alexandria, Va.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Robert Nicholson
13b. MOTHER'S MAIDEN NAME: Francis Finnell
14. NAME OF HUSBAND OR WIFE: P.L.Ferguson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Lena Nicholson, Address: Whittier, California

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) General Arteriosclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE 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 June 12 1956, to May 19 1960 and last saw her alive on May 19 1960
Death occurred at 3:45 p.m. on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE Kelly Rawlins (Degree or title) M D
22b. ADDRESS Holden, Missouri
22c. DATE SIGNED 5/20/60

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 5/21/60
23c. NAME OF CEMETERY OR CREMATORY Holden Cemetery
23d. LOCATION (City, town, or county) Holden, Missouri (State)

24. FUNERAL DIRECTOR Canaday & Ropp, ADDRESS Holden, Missouri
25. DATE RECD. BY LOCAL REG. May 21, 1960
26. REGISTRAR'S SIGNATURE Mrs H W Redford

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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