

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

22-61-016336
STATE FILE NUMBER

AMENDED

Registration District No. 602 Primary Registration District No. 4007 Registrar's No. 4007

FILED MAY 20 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY ANDREW	a. STATE MISSOURI	b. COUNTY ANDREW	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN AMAZONIA	Length of stay in 1b	c. CITY OR TOWN AMAZONIA	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First Theodore	Middle H.	Last Ferguson	4. DATE OF DEATH	Month May	Day 15	Year 1961
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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 1-22-94	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY own farm	11. BIRTHPLACE (City and state or country) Rosendale, Missouri	12. CITIZEN OF WHAT COUNTRY U S A
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13a. FATHER'S NAME Wilber E. Ferguson	13b. MOTHER'S MAIDEN NAME Mary C. Holland	14. NAME OF HUSBAND OR WIFE Lucy Ferguson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes	17. INFORMANT Mrs. Lucy Ferguson, Amazonia, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Suffocation	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	Crushed chest	
DUE TO (b)	Overturnd tractor	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.) Farm tractor overturned, crushing his chest
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20c. TIME OF INJURY Hour 3:00	Month, Day, Year May 15, 1961	under it.
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20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Farm field.	20f. CITY, TOWN, OR LOCATION RED.#1, Amazonia	COUNTY Andrew	STATE Mo.
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21. I attended the deceased from _____ to _____ and last saw him alive on _____
Death occurred at **3:00** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Geo. W. Taylor, D.O., Coroner	(Degree or title)	22b. ADDRESS 307 W. Main, Savannah, Mo.	22c. DATE SIGNED 5/15/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY Restwood Memorial Park	23d. LOCATION (City, town, or county) (State) Angleton, Texas
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24. FUNERAL DIRECTOR BREIT & HAWKINS	ADDRESS SAVANNAH	25. DATE RECD. BY LOCAL REG. 5-24-61	26. REGISTRAR'S SIGNATURE Tullman Sparks
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

JUN 7 1961

FEB 16 1962

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 James P. Hawkes

Licensed Embalmer No. 4536

P. O. Address Seabrook

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.