

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023821

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 181 Primary Registration District No. 4293 Registrar's No. _____

VS 300
Rev. 4/59

10570

20570

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94201

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1290-2

133-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

FILED JUL 13 1962

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LINCOLN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ELSBERRY</u>		Length of stay in 1b <u>1 YEAR</u>	c. CITY OR TOWN <u>ELSBERRY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>101 SOUTH SEVENTH</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>101 SOUTH SEVENTH</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>MELBA</u> Middle <u>EVANGELINE</u> Last <u>FERGUSON</u>			4. DATE OF DEATH Month <u>JULY</u> Day <u>11</u> Year <u>1962</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-20-18</u>	9. AGE (last birthday) <u>44</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FACTORY WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GARMENT FACTORY</u>	11. BIRTHPLACE (City and state or country) <u>RFD - TROY, MO</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>WALTER RANEY</u>		13b. MOTHER'S MAIDEN NAME <u>DEE CRUME</u>		14. NAME OF HUSBAND OR WIFE <u>HARRELL S. FERGUSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or, unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>YES</u>	17. INFORMANT <u>HUSBAND</u> Address <u>ELSBERRY, MO</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH
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)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 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.)
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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
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21. I attended the deceased from Dec. 26, 1961 to July 11, 1962 and last saw her alive on July 11, 1962
Death occurred at 12:45 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Robert M. Hull D.O.</u>	(Degree or title)	22b. ADDRESS <u>316 Broadway, Elsberry, Mo</u>	22c. DATE SIGNED <u>July 12, 1962</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rem. + Burial</u>	23b. DATE <u>JULY 13, 1962</u>	23c. NAME OF CEMETERY <u>OLD ALEXANDRIA</u>	23d. LOCATION (City, town, or county) (State) <u>RFD - TROY, MO</u>
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24. FUNERAL DIRECTOR <u>O. C. RICKS</u>	ADDRESS <u>ELSBERRY, MO</u>	25. DATE RECD. BY LOCAL REG. <u>7/12/62</u>	26. REGISTRAR'S SIGNATURE <u>Ray S. Bessel</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

JUL 16 1962
APR 11 1963

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 *[Handwritten Signature]*

Licensed Embalmer No. 7012

P. O. Address Elsberry, 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.