

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0050757

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 7036 STATE FILE NUMBER

FILED JAN 17 1964

DO NOT WRITE ON THIS STUB

AMENDED

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DATE AMENDED
Rev. 4/59		
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1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 72 YEARS	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2701 EAST 67th STREET Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last FRANK REID FERGUSON			4. DATE OF DEATH DECEMBER 25, 1963 Month Day Year
5. SEX MALE	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 11-8-1880
9. AGE (last birthday) 83	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED OWNER		10b. KIND OF BUSINESS OR INDUSTRY COMMERCIAL LITHOGRAPH CO.
11. BIRTHPLACE (City and state or country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME JOHN FERGUSON		13b. MOTHER'S MAIDEN NAME EMMA YOUNGER	
14. NAME OF HUSBAND OR WIFE LILLIAN FERGUSON		17. INFORMANT MAXINE WINDSHALL KANSAS CITY, MISSOURI	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. [REDACTED]	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Pulmonary Embolism DUE TO (b) Chromic Toxicant Poisoning DUE TO (c) RH ip. 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			
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.) Fell at home	
20c. TIME OF INJURY 10:30 pm 12-21-63	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 bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE MO
21. I attended the deceased from 12-21-63 to 12-25-63 and last saw him alive on 12-25-63 Death occurred at 3:10 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) Robert H. Fernald M.D.		22a. ADDRESS 10901 Wimmer Rd 5 Independence Mo 64066	22c. DATE SIGNED 12-26-63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC 28, 1963	23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR D.W. HILCOX JR. Kansas City, Missouri		25. DATE RECD. BY LOCAL REG. 12-27-63	26. REGISTRAR'S SIGNATURE Bessie Smith

BY AFFIDAVIT OF ROBERT H. FERNALD, M.D. MISSOURI MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

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Dr. Robert H. Fite
10901 Mervin Road - Englewood
11:00-1:30
10/20/00

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 Robert H. Fite

Licensed Embalmer No. 4892

P. O. Address Overland Park, KS.

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.