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 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

9625

FILED APR 11 1949

State File No.

BIRTH NO.		REG. DIST. NO. <u>296</u>		PRIMARY REG. DIST. NO. <u>6617</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <p style="text-align: center; font-size: 1.2em;">Ray</p>		a. STATE <p style="text-align: center; font-size: 1.2em;">Mo.</p>		b. COUNTY <p style="text-align: center; font-size: 1.2em;">Ray</p>		b. CITY (If outside corporate limits, write RURAL and give township) <p style="text-align: center; font-size: 1.2em;">Rural Camden Twp.</p>	
b. CITY (If outside corporate limits, write RURAL and give township) <p style="text-align: center; font-size: 1.2em;">Rural Camden Twp.</p>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <p style="text-align: center; font-size: 1.2em;">Rural Camden Twp.</p>		d. STREET ADDRESS (If rural, give location) <p style="text-align: center; font-size: 1.2em;">Near Camden, Mo.</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center; font-size: 1.2em;">Home near Camden</p>				d. STREET ADDRESS (If rural, give location) <p style="text-align: center; font-size: 1.2em;">Near Camden, Mo.</p>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <p style="text-align: center; font-size: 1.2em;">Mary</p>	b. (Middle) <p style="text-align: center; font-size: 1.2em;">Jane</p>	c. (Last) <p style="text-align: center; font-size: 1.2em;">Ferguson</p>	4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center; font-size: 1.2em;">Jan. 10, 49</p>				
5. SEX <p style="text-align: center; font-size: 1.2em;">Female</p>	6. COLOR OR RACE <p style="text-align: center; font-size: 1.2em;">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center; font-size: 1.2em;">Married</p>	8. DATE OF BIRTH <p style="text-align: center; font-size: 1.2em;">May 15, 1890</p>	9. AGE (In years last birthday) <p style="text-align: center; font-size: 1.2em;">58</p>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center; font-size: 1.2em;">Housekeeper</p>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <p style="text-align: center; font-size: 1.2em;">Richmond, Mo.</p>		12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center; font-size: 1.2em;">U-S-A</p>	
13a. FATHER'S NAME <p style="text-align: center; font-size: 1.2em;">Duncan Lilly</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center; font-size: 1.2em;">Nancy Jane Stevenson</p>		14. NAME OF HUSBAND OR WIFE <p style="text-align: center; font-size: 1.2em;">Daniel W. Ferguson</p>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center; font-size: 1.2em;">No</p>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p style="text-align: center; font-size: 1.2em;">Mrs. Barbara Woods Camden, Mo.</p>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Chronic Embolism</u>			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Pyloric Stenosis</u> DUE TO (c) <u>Dropsy</u>			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4214		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5-1</u> , 19 <u>48</u> , to <u>1-10</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1-10</u> , 19 <u>49</u> , and that death occurred at <u>2:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <p style="text-align: center; font-size: 1.2em;">G. F. Simmons</p>				23b. ADDRESS <p style="text-align: center; font-size: 1.2em;">S.O. of Orriok Mo</p>		23c. DATE SIGNED <p style="text-align: center; font-size: 1.2em;">1-12-49</p>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center; font-size: 1.2em;">Burial</p>		24b. DATE <p style="text-align: center; font-size: 1.2em;">Jan 13, 49</p>	24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center; font-size: 1.2em;">Sunny Slope</p>		24d. LOCATION (City, town, or county) (State) <p style="text-align: center; font-size: 1.2em;">Richmond Mo.</p>		
DATE REC'D BY LOCAL REG. <p style="text-align: center; font-size: 1.2em;">1-12-49</p>		REGISTRAR'S SIGNATURE <p style="text-align: center; font-size: 1.2em;">Deleu J. Laskew</p>		25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center; font-size: 1.2em;">B. W. Good</p>		ADDRESS <p style="text-align: center; font-size: 1.2em;">Orriok, Mo.</p>	

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 4-8-49

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 _____

working under my personal supervision.

Self

Student Embalmer No. _____

Signed _____

Victor E. Imminger

Signed
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

*2896
Liberty Ave*

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 this body is not embalmed, fact should be so stated above.