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

FILED MAR 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9624

BIRTH NO. _____ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 6017 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: Ray
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Camden Twp.
c. LENGTH OF STAY (in this place): 29 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Ray
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Camden Township
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Daniel
b. (Middle): W.
c. (Last): Ferguson

4. DATE OF DEATH (Month) (Day) (Year): March 1, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 11, 1870
9. AGE (In years last birthday): 78 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Carney, Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Fire George Ferguson
13b. MOTHER'S MAIDEN NAME: Mary Elizabeth Chick
14. NAME OF HUSBAND OR WIFE: Mary Jane Ferguson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Barbara Woods — **ADDRESS**: Camden, Mo

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arterio-Sclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

3318

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 28, 1949, *to* March 1, 1949, *that I last saw the deceased alive on* Feb 28, 1949 *and that death occurred at* 9:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. E. Hay M.D. (Degree or title)
23b. ADDRESS: Richmond
23c. DATE SIGNED: 3-3-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 3, 49
24c. NAME OF CEMETERY OR CREMATORY: Sunny Slope
24d. LOCATION (City, town, or county) (State): Richmond, Mo.

DATE REC'D BY LOCAL REG.: 3-3-49
REGISTRAR'S SIGNATURE: Helen J. Larkin 272
25. FUNERAL DIRECTOR'S SIGNATURE: B. W. Good — **ADDRESS**: Orrick, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 3-22-49

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 ..... Student Embalmer No. ..... working under my personal supervision.

Signed Victor E. Irminger

Signed.....
Student Embalmer

Licensed Embalmer No. 1896

P. O. Address Liberty 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 this body is not embalmed, fact should be so stated above.