No. 300
10.48

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11884

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 101

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

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
c. LENGTH OF STAY (in this place): 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 515 Chestnut 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cole 26
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City 5
d. STREET ADDRESS (If rural, give location): 515 Chestnut 4 0

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

4. DATE OF DEATH (Month) (Day) (Year): 4-22-49

5. SEX: Female 3
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 1888
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months 6, Days 24 — IF UNDER 24 HRS.: Hours, Min.

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

13a. FATHER'S NAME: Lee Wines
13b. MOTHER'S MAIDEN NAME: Fannie Smith
14. NAME OF HUSBAND OR WIFE: Mitchell Ferguson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mitchell Ferguson — ADDRESS: 515 Chestnut

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	hypertensive heart disease	2 yr
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	hypertension	3 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.		443X

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

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 25, 1948, *to* April 22, 1949; *that I last saw the deceased alive on* April 21, 1949, *and that death occurred at* 7 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Kanagawa O MD
23b. ADDRESS: 1 Dallmeyer Bldg
23c. DATE SIGNED: 4/23/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-24-49
24c. NAME OF CEMETERY OR CREMATORY: Mt Vernon
24d. LOCATION (City, town, or county) (State): Callaway County, Mo

DATE REC'D BY LOCAL REG.: Apr 25-1949
REGISTRAR'S SIGNATURE: R.P. Dorris MD-NR.
25. FUNERAL DIRECTOR'S SIGNATURE: Fanny Service — ADDRESS: 700 Jefferson JCMo.

(Licensed Embalmer's Statement on Reverse Side)

REGISTRAR
District Health Officer No. 9,
District File Number
Date Filed MAY 10 1949

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 [signature]

Signed ..... Student Embalmer

Licensed Embalmer No. 3641

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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