

FILED JUN 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19173

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>540</u>			
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place) 6 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		2			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2257 N. Prospect				d. STREET ADDRESS (If rural, give location) 2257 N. Prospect				B	
3. NAME OF DECEASED (Type or Print) Wylmer			a. (First)		b. (Middle) Thomas		c. (Last) Ferguson		
4. DATE OF DEATH June 16, 1949		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Dec. 2, 1942		9. AGE (In years last birthday) 6		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
5. SEX Male		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) In School		10b. KIND OF BUSINESS OR INDUSTRY School		11. BIRTHPLACE (State or foreign country) Springfield Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Richard Ferguson		13b. MOTHER'S MAIDEN NAME Louella Potts		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Richard Ferguson		ADDRESS Springfield 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Food Poisoning ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Eating Green Peas and Cherrries DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 0492	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min.)		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>6-15</u> , 19 <u>49</u> , to <u>6-17</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6-17</u> , 19 <u>49</u> , and that death occurred at <u>2:20A</u> on, from the causes and on the date stated above.									
23a. SIGNATURE W. Kelly MD				(Degree or title)		23b. ADDRESS Springfield Mo		23c. DATE SIGNED 6-17-49	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6-19-49		24c. NAME OF CEMETERY, OR CREMATORY Pleasant Hope Cemetery Pleasant Hope Mo.		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. 6/17/49		REGISTRAR'S SIGNATURE W. J. Handley		25. FUNERAL DIRECTOR'S SIGNATURE J. W. Higgins Co.		ADDRESS Springfield Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

May Rhodes

Signed.....
Student Embalmer

Licensed Embalmer No.

4074

P. O. Address.....

Springfield

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.