

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23789

BIRTH NO. _____		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 5572		Registrar's No. 126		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Paririe Township		c. LENGTH OF STAY (in this place) 15 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jackson County Home for Aged				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Jackson County Home for Aged				d. STREET ADDRESS (If rural, give location) Rural #4				
3. NAME OF DECEASED (Type or Print)			a. (First) Clarence		b. (Middle) C		c. (Last) Ferguson	
4. DATE OF DEATH		(Month) July		(Day) 4,		(Year) 1949		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Sept. 12, 1884		
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Hours		Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stonemason			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Jackson County, Mo.		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Ebb Ferguson		13b. MOTHER'S MAIDEN NAME Margaret Skaggs		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME R. L. Ferguson, 810 Serville, K.C. 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) <u>Heart prostration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>2 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>7/2</u> , 19 <u>49</u> , to <u>7/4</u> , 19 <u>49</u> that I last saw the deceased alive on <u>7/4</u> , 19 <u>49</u> , and that death occurred at <u>12:30P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>R. L. Ferguson M.D.</u>				23b. ADDRESS <u>Independence Mo</u>		23c. DATE SIGNED <u>7/5/49</u>		
24. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>July 6, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woods Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>JULY 13, 1949</u>		REGISTRAR'S SIGNATURE <u>Donald C. Samsbar</u> 378		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Carson</u>		ADDRESS <u>Independence, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 27 RECD

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 _____

Donald W. Hankes

Signed _____

Student Embalmer

Licensed Embalmer No. _____

4528

P. O. Address _____

Independence, Mo.

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

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