

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

34132

State File No.

BIRTH NO. 65516-49 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 467

1. PLACE OF DEATH a. COUNTY <p align="center">Cherokee</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Kansas</p> b. COUNTY <p align="center">Cherokee</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Joplin</p>		c. LENGTH OF STAY (in this place) <p align="center">19 days</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">St. Johns Hospital</p>		d. STREET ADDRESS (If rural, give location) <p align="center">Route # 1</p>	

3. NAME OF DECEASED (Type or Print) a. (First) <p align="center">Karen</p> b. (Middle) <p align="center">Dian</p> c. (Last) <p align="center">Ferguson</p>			4. DATE OF DEATH (Month) (Day) (Year) <p align="center">October 22, 1949</p>		
5. SEX <p align="center">Female</p>	6. COLOR OR RACE <p align="center">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Never Married</p>	8. DATE OF BIRTH <p align="center">October 3, 1949</p>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Infant</p>		10b. KIND OF BUSINESS OR INDUSTRY <p align="center">XXXXXXXX</p>	11. BIRTHPLACE (State or foreign country) <p align="center">Joplin, Missouri</p>		12. CITIZEN OF WHAT COUNTRY? <p align="center">U.S.A.</p>

13a. FATHER'S NAME <p align="center">Paul Ferguson</p>	13b. MOTHER'S MAIDEN NAME <p align="center">Wilma Gibbs</p>	14. NAME OF HUSBAND OR WIFE <p align="center">None</p>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">No</p>	16. SOCIAL SECURITY NO. <p align="center">None</p>	17. INFORMANT'S SIGNATURE OR NAME <p align="center">Paul Ferguson</p>

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		INTERVAL BETWEEN ONSET AND DEATH <p align="center">19 days</p>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p align="center">Congenital Dermatitis</p>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <p align="center">None</p> DUE TO (c) <p align="center">None</p>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <p align="center">None</p>		7055	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <p align="center">None</p>	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 22 Oct, 1949 to 22 Oct, 1949, that I last saw the deceased alive on 22 Oct, 1949, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <p align="center">Robert G. Powell M.D.</p>	23b. ADDRESS <p align="center">Galena Kansas</p>	23c. DATE SIGNED <p align="center">27 Oct 49</p>
24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Removal</p>	24b. DATE <p align="center">Oct. 22, 1949</p>	24c. NAME OF CEMETERY OR CREMATORY <p align="center">Oak Hill Cemetery</p>
24d. LOCATION (City, town, or county) (State) <p align="center">Galena, Kansas</p>		

DATE REC'D BY LOCAL REG. <p align="center">10-25-49</p>	REGISTRAR'S SIGNATURE <p align="center">Edw. James</p>	25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">A. D. Derritt</p>	ADDRESS <p align="center">Galena Kansas</p>
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(Licensed Embalmer's Signature on Reverse Side)

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

No. 300
10-48

FILED NOV 9 1949

RECEIVED 11-1-49

Jasper County Health Office

County File Number 49-10-834

Date Filed 11-8-49

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

Student Embalmer No.

working under my personal supervision.

Signed Howard E. Gibson

Signed Student Embalmer

Kansas Licensed Embalmer No. 2310

P. O. Address Galena, Kansas

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.