V.S. No. 300
Rev. 10-48

0010
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FILED FEB 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 5001 Registrar's No. 26

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

1. PLACE OF DEATH
a. COUNTY: ADAIR
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - CLAY - TWP
c. LENGTH OF STAY (in this place):
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: MISSOURI
b. COUNTY: ADAIR 0010 0
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - CLAY - TWP
d. STREET ADDRESS (If rural, give location): 8 MI - NORTH - BRASHEAR

3. NAME OF DECEASED (Type or Print)
a. (First): CLARENCE
b. (Middle): DELMAR
c. (Last): FERGUSON

4. DATE OF DEATH (Month) (Day) (Year): JANUARY 21 1950

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEB. 20. 1875
9. AGE (In years last birthday): 74 — 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: GEN. FARMING
11. BIRTHPLACE (State or foreign country): IOWA
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: MADISON L. FERGUSON
13b. MOTHER'S MAIDEN NAME: MARY DRAKE
14. NAME OF HUSBAND OR WIFE: ELLA CORNELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: ELLA FERGUSON - BRASHEAR ADDRESS: 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): Heart attack — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Had heart lesion for years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
None, Had low — 4343

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Blood Pressure for yrs.
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 _____, 1914, to Jan 21, 1950, that I last saw the deceased alive on January, 1950, and that death occurred at 2:00 P.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. M. Humphrey MD
23b. ADDRESS: Brashear Mo
23c. DATE SIGNED: 1-25-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JAN. 23, 1950
24c. NAME OF CEMETERY OR CREMATORY: SABBATH HOME
24d. LOCATION (City, town, or county) (State): ADAIR CO MO

DATE REC'D BY LOCAL REG.: 1-26-50
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE: Geo B Casley Jr. ADDRESS: Hurdland Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 30 1950
District Health Officer No. 10
District File Number 1-50-18
Date Filed JAN 30 1950

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.

Student .....
Student Embalmer

Signed Geo B Easley Jr

Licensed Embalmer No. 3755

P. O. Address Hartland 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.