

STANDARD CERTIFICATE OF DEATH

State File No. **8184**

FILED MAR 27 1950

BIRTH NO. **79387-49** REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. **45**

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Platteau	
b. CITY OR TOWN Kennett		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hayti, Mo.	
c. LENGTH OF STAY (in this place) 11 Days		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If no in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Prussell Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Jimmie b. (Middle) Paulitt c. (Last) Ferguson			4. DATE OF DEATH (Month) (Day) (Year) March 24 - 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Dec 19 - 1949	9. AGE (In years last birthday) 3	IF UNDER 1 YEAR 5 Months 5 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) Kennett Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A	

13a. FATHER'S NAME Errett W. Ferguson	13b. MOTHER'S MAIDEN NAME Maxine Ziegler	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) X	INFORMANT'S SIGNATURE OR NAME C.W. Ferguson	ADDRESS Hayti Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydrocephalus		INTERVAL BETWEEN ONSET AND DEATH 750A
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 **3-14**, 1950, to **3-24**, 1950, that I last saw the deceased alive on **3-24**, 1950, and that death occurred at **5:50 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE L.C. Wilson M.D.	23b. ADDRESS Kennett Mo	23c. DATE SIGNED 3-24-1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-25-50	24c. NAME OF CEMETERY OR CREMATORY Bosters	24d. LOCATION (City, town, or county) (State) Charles Harday Ark
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DATE REC'D BY LOCAL REG. 3-24-1950	REGISTRAR'S SIGNATURE Carl Husband	25. FUNERAL DIRECTOR'S SIGNATURE Leib Service	ADDRESS Kennett Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

03520

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 3-24-50

COUNTY FILE NUMBER 350-108

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

working under my personal supervision.

Student Embalmer No.

Signed Walter C. Hawker

Signed Student Embalmer

Licensed Embalmer No. 2002

P. O. Address Kennett, 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.