

FILED NOV 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39378

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2736

1. PLACE OF DEATH
a. COUNTY St. Louis b. CITY (If outside corporate limits, write RURAL and give township) Manchester c. LENGTH OF STAY (In this place) _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE Missouri b. COUNTY Cape
c. CITY (If outside corporate limits, write RURAL and give township) Jackson d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED a. (First) Adah b. (Middle) Ferguson c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) Nov. 11, 1950

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 8. DATE OF BIRTH Feb. 27, 1876 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) housewife 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Callaway Co., Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Redden 13b. MOTHER'S MAIDEN NAME Sarah Hays 14. NAME OF HUSBAND OR WIFE Arthur D. Ferguson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Mrs. J. R. Henderson ADDRESS Jackson, Missouri

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia MEDICAL CERTIFICATION
INTERVAL BETWEEN ONSET AND DEATH _____
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 493X

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) Nov 11 50 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 Nov 10, 1950 to Nov 11, 1950, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:45 a. m., from the causes and on the date stated above.

23a. SIGNATURE Garnett Jones (Degree or title) _____ 23b. ADDRESS Cross, Cover No 23c. DATE SIGNED 11-11-50

24a. BURIAL, CREMATION, REMOVAL (Specify) removal 24b. DATE 11-14-50 24c. NAME OF CEMETERY OR CREMATORY. Russell Heights Cem. 24d. LOCATION (City, town, or county) (State) Jackson, Missouri

DATE REC'D BY LOCAL REG. 11/14/50 REGISTRAR'S SIGNATURE Herbert P. Donke MD 25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Honne ADDRESS 4700 Washington

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

4000
4

DEC 13 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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Edmond R. Ramey

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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.