S. No. 300
v. 10.48

390
-1

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

FILED JAN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40431

BIRTH NO. _____ REG. DIST. NO. 122 PRIMARY REG. DIST. NO. 4201 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Republic
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) N. MAIN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Calif.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Los Angeles 8040
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) MARY
b. (Middle) P.
c. (Last) FERGUSON

4. DATE OF DEATH (Month) Dec. (Day) 26 (Year) 1950

5. SEX female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH TENN. 1
9. AGE (In years last birthday) 75 — 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 Retired
11. BIRTHPLACE (State or foreign country) April 9, 1875
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME ✓
13b. MOTHER'S MAIDEN NAME ✓
14. NAME OF HUSBAND OR WIFE HENRY FERGUSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S SIGNATURE OR NAME Margret Hill ADDRESS Republic, 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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

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.
4201

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) 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 _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 10:10 P m., from the causes and on the date stated above.*

23a. SIGNATURE R C Mitchell WO (Degree or title) 2
23b. ADDRESS Republic Mo.
23c. DATE SIGNED 12-27-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removals
24b. DATE 12-27-50
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) Los Angeles (State) Calif.

DATE REC'D BY LOCAL REG. 12-27-1950
REGISTRAR'S SIGNATURE Florence Britain 105
25. FUNERAL DIRECTOR'S SIGNATURE Max Fossett's Fun'l Home ADDRESS Republic, Mo

(Licensed Embalmer's Statement on Reverse Side)

County Fi[illegible] Number 51-1-1

Date Filed 1-6-51

JAN 1 8 1953

MAR 2 6 1953

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 Gene C. Hunter

Licensed Embalmer No. 4739

P. O. Address Republic, Mo.

Signed _____
Student Embalmer

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.