

FILED JUL 5 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20572**
Registrar's No. **1047**

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 5579		Registrar's No. 1047	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rt. 1 Oronogo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Mineral Supp.		d. FULL NAME OF HOSPITAL OR INSTITUTION 16 Miles N. of Webb City Mo.		d. STREET ADDRESS (If rural, give location) Oronogo, Mo. Rt. 1 0490	
3. NAME OF DECEASED (Type or Print) a. (First) Julia		b. (Middle) Frances		c. (Last) Ferguson		4. DATE OF DEATH (Month) (Day) (Year) June 18 1951	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 3 1866	
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Rushville, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Perry		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Thomas Ferguson (De)			
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 ADDRESS Alex Ferguson Rt. 1 Jasper 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure				INTERVAL BETWEEN ONSET AND DEATH 2 hours	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bulbar Paralysis				3 days	
		DUE TO (c) Apoplexy (Cerebral Hemorrhage)				7 days	
		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 331x				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) _____		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 6/10/1951 , to 6/18, 1951 , that I last saw the deceased alive on 6/18, 1951 and that death occurred at I.A. m., from the causes and on the date stated above.							
23a. SIGNATURE Alex Ferguson (Degree or title) D.O.				23b. ADDRESS Alba, Mo.		23c. DATE SIGNED 6/19/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 21 1951		24c. NAME OF CEMETERY OR CREMATORY Nashville Cemetery		24d. LOCATION (City, town, or county) (State) Nashville, Mo.	
DATE REC'D BY LOCAL REG. June 26 - 51		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston Arnce Simpson mortuary Webb City Mo.			

(Licensed Embalmer's Statement for Reverse Side)

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

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RECEIVED 7-3-51
Jasper County Health Office

County File Number 51/6/535

Date Filed 7-3-51

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 Harvey E. Arnes

Licensed Embalmer No. 4463

P. O. Address Waverly City, 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.