

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

24957

State File No.

FILED JUL 22 1952

BIRTH NO. _____		REG. DIST. NO. <u>171</u>		PRIMARY REG. DIST. NO. <u>4267</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Lafayette</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Odessa</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Lafayette</u>	
c. LENGTH OF STAY (In this place) <u>70 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Odessa</u>		d. STREET ADDRESS (If rural, give location) <u>1st Street</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1st Street</u>		d. STREET ADDRESS (If rural, give location) <u>1st Street</u>					
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Willie</u>	b. (Middle) <u>Maybelle</u>	c. (Last) <u>Ferguson</u>	(Month) <u>July</u>	(Day) <u>15</u>	(Year) <u>1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 11-1871</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own Home</u>		11. BIRTHPLACE (State or foreign country) <u>near Dover - Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>George Colyer</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Jennings</u>		14. NAME OF HUSBAND OR WIFE <u>Alfred J Ferguson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leonard J Ferguson</u> ADDRESS <u>Odessa Mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Uremia of Senility</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>arteriosclerosis</u>					
		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 <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					
19a. DATE OF OPERATION <u>no operation</u>		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>M</u>		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 <u>June 1</u> , 19 <u>52</u> , to <u>July 15</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>July 15</u> , 19 <u>52</u> , and that death occurred at <u>11 P. m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>W. M. ...</u> (Degree or title) _____				23b. ADDRESS <u>Odessa Mo.</u>		23c. DATE SIGNED <u>7/17/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 17-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Odessa Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Odessa Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7/17/52</u>		REGISTRAR'S SIGNATURE <u>Emma Davidson</u> <u>453</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chic ...</u> ADDRESS <u>Odessa Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Student Embalmer

Signed Horace Blum.....

Licensed Embalmer No. 2758.....

P. O. Address Odessa 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.