

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1416

State File No. _____
Registrar's No. 71

FILED FEB 9 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>71</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>29 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) TOWN <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>1807 GROVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL # 2</u>				d. STREET ADDRESS (If rural, give location) <u>1807 GROVE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DECATUR</u> b. (Middle) <u>*****</u> c. (Last) <u>FERGUSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 4, 1953</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>NEGRO</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MARCH 22, 1880</u>		9. AGE (In years last birthday) <u>72</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNEMPLOYABLE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>ARKANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>MAJOR FERGUSON</u>		13b. MOTHER'S MAIDEN NAME <u>HENRIETTA</u>		14. NAME OF HUSBAND OR WIFE <u>ANNA Ferguson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>496-09-0569</u>		17. INFORMANT'S SIGNATURE OR NAME <u>GLADYS ADAMS, DAUGHTER</u>		ADDRESS <u>KANSAS CITY MO.</u>	
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) <u>CARCINOMA OF THE SEMINAL VESICLE WITH EXTENSIVE METASTASIS TO THE PERITONEAL SURFACES, BONES OF THE CHEST AND LUNGS BILATERALLY</u> ANTECEDENT CAUSES <u>DUE TO (b)</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>DUE TO (c)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>179h</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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>NOV. 11, 1952</u> , to <u>JAN. 4, 1953</u> , that I last saw the deceased <u>alive on JAN 4, 1953</u> , and that death occurred at <u>12:45P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. Frank Ellis</u>				23b. ADDRESS <u>600 E. 22ND. STREET</u>		23c. DATE SIGNED <u>1-6-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/9/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-7-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Watkins Bros. 18th & Benton</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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Bruce F. Watkins

Licensed Embalmer No. *4500*

P. O. Address *18th & 4th Benton*

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.