S. No. 300
v. 10.48

FILED APR 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15062

BIRTH NO. ____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5818 Registrar's No. 25

710
1

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

1. PLACE OF DEATH
a. COUNTY: MORGAN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Moreau township
c. LENGTH OF STAY (In this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 Mi. S.E. of Versailles

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: MORGAN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Moreau township 0710
d. STREET ADDRESS (If rural, give location): 5 miles S.E. of Versailles

3. NAME OF DECEASED (Type or Print)
a. (First): Myrtle
b. (Middle): E.
c. (Last): Ferguson

4. DATE OF DEATH (Month) (Day) (Year): Apr. 16 - 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: June 25 - 1914
9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR: Months 9, Days 22 — 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: Housewife
11. BIRTHPLACE (City and State or Foreign Country): Monett, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Strop
13b. MOTHER'S MAIDEN NAME: Nellie Johnson
14. NAME OF HUSBAND OR WIFE: Jessie C. Ferguson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Jessie C. Ferguson — ADDRESS: Versailles, 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): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hypertension — Known for 2½ mos.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Obesity (275#)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331X
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* Jan. 1953 *to* April, 1953, *that I last saw the deceased alive on* April 15, 1953 *and that death occurred at* 1:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jack Gunn, M.D.
23b. ADDRESS: Versailles, Mo.
23c. DATE SIGNED: 4-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 18-53
24c. NAME OF CEMETERY OR CREMATORY: Versailles City
24d. LOCATION (City, town, or county) (State): Versailles, Mo

DATE REC'D BY LOCAL REG.: Apr 17-1953
REGISTRAR'S SIGNATURE: J. L. Washburn, M.D. 214-0
25. FUNERAL DIRECTOR'S SIGNATURE: W. F. Kidwell — ADDRESS: Versailles, Mo

Per Vera O. Kidwell Deputy

(Licensed Embalmer's Statement on Reverse Side)

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 Gene L. Bartram

Licensed Embalmer No. 4021

P. O. Address Versailles, 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.