

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **24532**

FILED JUL 21 1953

BIRTH NO.

REG. DIST. NO. **137**PRIMARY REG. DIST. NO. **3023**Registrar's No. **167**

I. PLACE OF DEATH

a. COUNTY

HENRY

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN CLINTONc. LENGTH OF
STAY (in this place)
IDAYd. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION CLINTON GENERAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

MISSOURI

b. COUNTY

HENRY

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN CLINTON

0422

d. STREET ADDRESS (If rural, give location)

709 SOUTH MAIN ST.

3. NAME OF DECEASED
(Type or Print)

a. (First)

LONNIE

b. (Middle)

JEFFERSON

c. (Last)

FERGUSON

4. DATE

(Month)

(Day)

(Year)

DEATH

JULY 16

1953

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MAY 14 1953

9. AGE (in years last birthday)

62

10. MONTHS

2

11. DAYS

2

12. HOURS

2

13. MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MERCHANT

10b. KIND OF BUSINESS OR INDUSTRY

MERCHANT

11. BIRTHPLACE (City and State or Foreign Country)

WARRENSBURG MISSOURI

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

JEFFERSON FERGUSON

13b. MOTHER'S MAIDEN NAME

ELIZABETH CORD

14. NAME OF HUSBAND OR WIFE

PEARL FERGUSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT'S SIGNATURE OR NAME

499-18-1298

18. ADDRESS

PEARL FERGUSON CLINTON 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

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.

MEDICAL CERTIFICATION

Cerebral Hemorrhage

Hypertensive Vascular Disease

none 443X

INTERVAL BETWEEN ONSET AND DEATH

9 hours

About 2 years

19a. DATE OF OPERATION

none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

no

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)

none

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 July 15, 1953, to July 15, 1953, that I last saw the deceased alive on July 15, 1953, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE

S. B. Hughes

(Degree or title)

M.D.

23b. ADDRESS

Clinton, Mo.

23c. DATE SIGNED

7/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify)

burial

24b. DATE

July 18 1953

24c. NAME OF CEMETERY OR CREMATORY

SUNSET HILL

24d. LOCATION (City, town, or county)

WARRENSBURG MO.

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

42

FURNERAL DIRECTOR'S SIGNATURE

ADDRESS

July 18-53 Florence C. Adair Fred Wilkinson Funeral Home

(Licensed Embalmer's Statement on Reverse Side)

Clinton Mo.

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

JUL 31 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 45123

P. O. Address Clinton 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.