

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **245**

BIRTH NO. 262-34 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>St. Joseph</u>		d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Joseph Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>914 Alabama St.</u> <u>0114</u>		

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ronnie</u>	b. (Middle) <u>Ray</u>	c. (Last) <u>Ferguson</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Jan</u> <u>28</u> <u>1954</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan 16 1954</u>	9. AGE (In years last birthday) <u>12</u>	IF UNDER 1 YEAR Months <u>12</u>	IF UNDER 24 HRS. Hours <u>0</u> Mins. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph Mo.</u>	12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Thomas Ferguson</u>	13b. MOTHER'S MAIDEN NAME <u>Barbara McGuire</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Thomas Ferguson</u> Mo. ADDRESS <u>St. Joseph</u>
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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) <u>Heart disease, Congenital</u> <u>12 days</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) _____		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>St. Joseph Buchanan Mo</u>
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 1-25, 1954, to 1-28, 1954, that I last saw the deceased alive on 1-28, 1954, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. H. Petersen MD</u>	23b. ADDRESS <u>St. Joseph Mo</u>	23c. DATE SIGNED <u>1-30-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/30/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Feb 2, 1954</u>	REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>	2. FUNERAL DIRECTOR'S SIGNATURE <u>John Hub Stupp</u> ADDRESS <u>St. Joseph, Mo.</u>
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(Licensed Embalmer's statement on Reverse Side)

No. 300
10-48

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.....
Signature of Student Embalmer

Signed *Alvin E. Bezan*.....

Licensed Embalmer No. *2479*.....

P. O. Address *St. Joseph*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.