

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

5236

State File No.

No. 300
10-48

FILED FEB 18 1954

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>308 N. Garrison</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>	
		d. STREET ADDRESS (If rural, give location) <u>308 N. Garrison</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Francis</u> b. (Middle) <u>Erle</u> c. (Last) <u>Fergus</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 12, 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Sept. 21, 1881</u>		9. AGE (In years last birthday) <u>72</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Rail Road Clerk</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retd.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington, Penn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>John Fergus</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Lou Cochran</u>		14. NAME OF HUSBAND OR WIFE <u>Rose Ann Fergus</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>81054</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Rose Ann Fergus</u>	
				ADDRESS <u>Carthage</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		DUE TO (b) <u>Arteriosclerotic heart disease</u>			<u>Immediate</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.		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"/>	
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)		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 3/10, 1953, to 2/12, 1954, that I last saw the deceased alive on 12/22, 1953, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles F. Seibel M.D.</u> (Degree or title)		23b. ADDRESS <u>Carthage, Missouri</u>		23c. DATE SIGNED <u>2/13/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-15-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Carthage, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>2-13-54</u>		REGISTRAR'S SIGNATURE <u>Lloyd B. Clinton M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ulmer Funeral Home</u>	
				ADDRESS <u>Carthage, MO</u>	

(Increased Embalmers' Statement on Reverse Side)

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

RECEIVED FEB 17 1954

Jasper County Health Office

County File Number 54-2-139

Date Filed FEB 17 1954

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 *William L. Howard Jr.*

Licensed Embalmer No. 4955

P. O. Address Greenville, 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.