

FILED MAY 17 1954

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

14864

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>30</u>		PRIMARY REG. DIST. NO. <u>5104</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>Benton (Tom Twp)</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Warsaw Rural</u>		c. LENGTH OF STAY (in this place) <u>2 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Warsaw - Rural - Tom Twp</u>		d. STREET ADDRESS (If rural, give location) <u>Tom Township 0080</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clyde</u> b. (Middle) <u>ALLEN</u> c. (Last) <u>Ferguson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 11 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>Nov. 14, 1890</u>	
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>27</u>		IF UNDER 4 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		11. BIRTHPLACE (State or foreign country) <u>Rosendale, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Andrew B. Ferguson</u>		13b. MOTHER'S MAIDEN NAME <u>Nannie</u>		14. NAME OF HUSBAND OR WIFE <u>Esther (Hayward) Ferguson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>487-01-1074</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clyde Ferguson</u>		ADDRESS <u>Warsaw Rural</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) This does not mean the manner of dying, such as heart failure, asphyxia, etc., means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arterio-sclerotic Heart Dis. over 16 yrs</u> DUE TO (c) 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>5 min.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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) (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>4 Aug</u> , 19 <u>52</u> , to <u>11 May</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>12 May</u> , 19 <u>54</u> , and that death occurred at <u>11:00 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>David A. Logan M.D.</u>		23b. ADDRESS <u>Warsaw, Mo</u>				23c. DATE SIGNED <u>12 May 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 15, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Floyal Hills Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5/14/54</u>		REGISTRAR'S SIGNATURE <u>Joe A. Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Riser</u>		ADDRESS <u>Warsaw</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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MAY 30 1952

7/3/52 7 MRP

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 John F. Reser
Licensed Embalmer No. 4098

P. O. Address Waisau

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.