

19329

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 262

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin</b>		c. CITY OR TOWN <b>Joplin</b> d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2017 Grand Avenue</b>		e. STREET ADDRESS (If rural, give location) <b>2017 Grand Avenue</b> <b>0495</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ora</b>		b. (Middle) <b>Maude</b>	
c. (Last) <b>FERGUSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 4, 1954</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, <sup>(1)</sup> WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>December 15, 1890</b>
9. AGE (In years last birthday) <b>63</b>		10. IF UNDER 1 YEAR Months <b>63</b>	11. IF UNDER 1 HR. Hours Min. <b>63</b>
10a. USUAL OCCUPATION: (Give kind of work done during most of working life, even if retired) <b>Home Making</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>Woodlawn, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Ashel Lee Ferguson</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie Ruth Ferguson</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or date of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ira Ferguson</b>	
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.		19. ADDRESS <b>2017 Grand Ave Joplin, Mo.</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral vascular accident</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Rheumatic heart disease</b>		since 1951	
DUE TO (c) <b>Bronchiectasis</b>		since 1953	
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 <b>None</b>		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) <b>416 X</b>	
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 <u>2-27</u> , 19 <u>54</u> , to <u>6-4</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6-4</u> , 19 <u>54</u> , and that death occurred at <u>11:45 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Lawrence S. Jackson</i>		23b. ADDRESS <b>410 Jackson, Joplin, Missouri</b>	23c. DATE SIGNED <b>6-11-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 7, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ozark Memorial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Joplin, Mo.</b>
DATE REC'D BY LOCAL REG. <b>6-17-54</b>	REGISTRAR'S SIGNATURE <i>Robert S. James</i> 138	25. FUNERAL DIRECTOR'S SIGNATURE <b>Thornhill-Dillon Mort</b>	
ADDRESS <b>Joplin, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

FILED JUN 22 1954

RECEIVED JUN 21 1954  
Jasper County Health Office  
County File Number 54-6-46  
Date Filed JUN 21 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.....  
Signature of Student Embalmer

Signed.....  
*D. C. Huddleston*

Licensed Embalmer No. 1770  
P. O. Address Joplin, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.