

FILED JUL 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23371

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3028</u>		Registrar's No. <u>160</u>	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL, and give town or township) Carthage		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Carthage		d. Is 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 Me Cune Brooks Hosp.				STREET ADDRESS (If rural, give location) 308 N. Garrison			
3. NAME OF DECEASED (Type or Print) a. (First) Rose		b. (Middle) Ann		c. (Last) Fergus		4. DATE OF DEATH (Month) (Day) (Year) 7-21-1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 7-16-1886		9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Harrisonville Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Edward Welsh		13b. MOTHER'S MAIDEN NAME Mary Jane Stewart		14. NAME OF HUSBAND OR WIFE Francis Eric Fergus			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bernard Bamsey Bellflower, Calif.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Intestinal obstruction				MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 days	
This does not mean the mode of dying, such as heart failure, asthenia, 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) Post-operative adhesive bands	
				DUE TO (c) _____		28 years	
				II. OTHER SIGNIFICANT CONDITIONS			
				Conditions contributing to the death but not related to the disease or condition causing death. Diabetic acidosis with approaching			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION coma		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) Carthage, Missouri			
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>10/14</u> , 19 <u>49</u> , to <u>7/21</u> , 195 <u>4</u> , that I last saw the deceased alive on <u>7/21</u> , 195 <u>4</u> , and that death occurred at <u>7:55</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title) M. D.				23b. ADDRESS Carthage, Missouri		23c. DATE SIGNED 7/22/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-23-1954		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Missouri	
DATE REC'D BY LOCAL REG. 7-23-54		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home		ADDRESS Carthage, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 28
Jasper County Health O
County File Number 54-7
Date Filed JUL 28 19

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.....
Ed C. Thomas Jr.

Licensed Embalmer No. 490

P. O. Address *Cartersville*

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.