No. 300
10-48

FILED AUG 20 1954

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

26401

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 433

**1. PLACE OF DEATH**
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 635 Lindsey

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
d. STREET ADDRESS (If rural, give location): 635 Lindsey

0124/0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Guy b. (Middle): Norman c. (Last): Ferguson

**4. DATE OF DEATH** (Month) (Day) (Year): 7-29-54

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 18, 1888
9. AGE (In years last birthday): 66 — 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): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Tavern
11. BIRTHPLACE (State or foreign country): Doniphan, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: James A. Ferguson
13b. MOTHER'S MAIDEN NAME: Molly Stepp
14. NAME OF HUSBAND OR WIFE: Jessie Marie Ferguson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 492 01 0934
17. INFORMANT'S SIGNATURE OR NAME: Jessie Ferguson ADDRESS: Poplar Bluff Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension Arteriosclerosis
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 — 331 X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5 June, 1954, *to* 29 July, 1954, *that I last saw the deceased alive on* 28 July, 1954, *and that death occurred at* 9:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. B. Brookerson (Degree or title): MD
23b. ADDRESS: Poplar Bluff, Mo.
23c. DATE SIGNED: 4 Aug 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-1-54
24c. NAME OF CEMETERY OR CREMATORY: Memorial Gardens
24d. LOCATION (City, town, or county) (State): Poplar Bluff, Mo.

DATE REC'D BY LOCAL REG.: 8/10/54
REGISTRAR'S SIGNATURE: R. H. Minnette 489-0
25. FUNERAL DIRECTOR'S SIGNATURE: Greer Croy & Fitch ADDRESS: Poplar Bluff Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Dr Brookerson

RECEIVED
AUG 16 1954
BUTLER CO. HEALTH CENTER
FILE No. _____

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**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 Wallace N. Fetch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff 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.