

FILED NOV 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37356

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4990

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>60 yr</u>	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 <u>General Hospital No. 1</u>		STREET ADDRESS (If rural, give location) <u>5515 Thompson</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ellen</u>		b. (Middle)		c. (Last) <u>Ferguson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 27 1954</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>8/5/75</u>		9. AGE (In years last birthday) <u>79</u> 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) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ireland</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	

13a. FATHER'S NAME <u>Patrick Herrington</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Sullivan</u>		14. NAME OF HUSBAND OR WIFE <u>Patrick</u>	
---	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Patrick Herrington</u>		ADDRESS <u>K.C.Mo</u>	
---	--	--------------------------------------	--	---	--	--------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</u>				MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES				DUE TO (b)			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last..				DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.		<u>151X</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 Sept. 7, 1954 to Oct. 27, 1954, that I last saw the deceased alive on Oct. 27, 1954, and that death occurred at 12:50A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>B. I. Burns, M.D.</u>		B. I. Burns (Degree or title)		23b. ADDRESS <u>24th & Cherry</u>		23c. DATE SIGNED <u>10-27-54</u>	
--	--	-------------------------------	--	--	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>10/29/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City MO</u>	
---	--	------------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. <u>10-28-54</u>		REGISTRAR'S SIGNATURE <u>Nevar Minshall</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Sheil Fernald</u>		ADDRESS <u>Home K.C.Mo</u>	
---	--	--	--	--	--	-------------------------------	--

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

Be. This

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 *J.P. Sheil*.....

Licensed Embalmer No. *362*

P. O. Address *K.C.M.*

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.