

STANDARD CERTIFICATE OF DEATH

State File No. **7621**

FILED APR 15 1955

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 120		
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City, Mo.		c. LENGTH OF STAY (in this place) 3 Yrs		c. CITY OR TOWN Jefferson City, Mo.		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: 204 Swifts Highway				e. STREET ADDRESS (If rural, give location) 204 Swifts Highway				
3. NAME OF DECEASED (Type or Print) CECELIA			a. (First)		b. (Middle)		c. (Last) FERGUSON	
4. DATE OF DEATH APRIL 5, 1955		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 23, 1890		9. AGE (In years last birthday) 64		
5. SEX Female		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and State or Foreign Country) Linn, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Fred Boehm		13b. MOTHER'S MAIDEN NAME Anna Iven		
14. NAME OF HUSBAND OR WIFE Harry 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. none		17. INFORMANT'S SIGNATURE OR NAME Harry Ferguson		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio-Vascular Disease 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 2 hrs		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X				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 May 15, 1954 , to Apr 5, 1955 , that I last saw the deceased alive on Apr 5, 1955 , and that death occurred at 11:30 P.M. from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) L. B. Uelber M.D.				23b. ADDRESS Jefferson City, Mo.		23c. DATE SIGNED Apr 11, 1955		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/8/55		24c. NAME OF CEMETERY OR CREMATORY Resurrection		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.		
DATE REC'D BY LOCAL REG Apr 12-1955		REGISTRAR'S SIGNATURE R. J. Norris MD		25. FUNERAL DIRECTOR'S SIGNATURE Sylvester Dull		ADDRESS J. C. Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *Sylvester Quille*

Licensed Embalmer No. *432*

P. O. Address *Jefferson*

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.