

FILED MAR 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7672

State File No. _____

 BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 4151 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steelville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steelville</u> <u>0280</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Carrie</u> b. (Middle) <u>Evelyn</u> c. (Last) <u>Ferguson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>10</u> <u>55</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-10-75</u>	9. AGE (In years last birthday) <u>80</u>	# UNDER 1 YEAR Months Days	# UNDER 1 M. Hrs. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Hannibal, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>Robert Hicks</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bebe</u>		14. NAME OF HUSBAND OR WIFE <u>William Ferguson</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Clyde Ransom Steelville</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u> ANTECEDENT CAUSES <u>Senility</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>24 hrs.</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) <u>794X</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Mar. 7, 1955, to Mar 10, 1955, that I last saw the deceased alive on Mar 9, 1955, and that death occurred at 6:00 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Date or Title) <u>D.D.</u>		23b. ADDRESS <u>Steelville Mo</u>		23c. DATE SIGNED <u>3/12/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-13-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Butts Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Jonas Funeral Home</u>		24f. ADDRESS <u>Steelville</u>	
DATE REC'D BY LOCAL REG. <u>3/20/55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Hazel Lichner</u> <u>505</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jonas Funeral Home Steelville</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

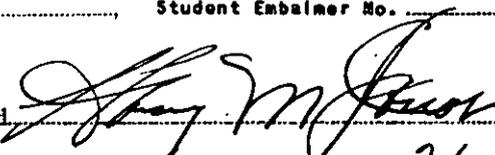
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 2628

P. O. Address Steelville, 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.