

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 13 1955

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>49</u>	
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>		c. LENGTH OF STAY (In this place) <u>1 Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>		d. STREET ADDRESS (If rural, give location) <u>Miller St. 041/0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at Home</u>				d. STREET ADDRESS (If rural, give location) <u>Miller St. 041/0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edythe</u> b. (Middle) <u>Ann Theresa</u> c. (Last) <u>Ferguson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-4-55</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-17-1892</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>17</u>	IF UNDER 1 HRS. Hours <u></u> Min. <u></u>	
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 <u></u>	11. BIRTHPLACE (State or foreign country) <u>London, Canada</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>James Sharratt</u>		13b. MOTHER'S MAIDEN NAME <u>Sara Leach</u>		14. NAME OF HUSBAND OR WIFE <u>Charles L. Ferguson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles E. Ferguson</u>		ADDRESS <u>Bethany Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> <u>Embryotrophic lateral Sclerosis</u> DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>	
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 <u>35601</u>				20. AUTOPSY? YES <input 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) (m.)	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>4-28</u> , 19 <u>55</u> , to <u>6-4</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6-4</u> , 19 <u>55</u> , and that death occurred at <u>9:00 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. A. Gray Co MD</u>			23b. ADDRESS <u>Bethany Mo</u>		23c. DATE SIGNED <u>6-5-1955</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-5-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Black &amp; Edwards &amp; Donoham Mo.</u>		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. <u>6-5-55</u>	REGISTRAR'S SIGNATURE <u>Zola Burris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u>		ADDRESS <u>Bethany Mo.</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 \_\_\_\_\_

*JAS. Haas*

Licensed Embalmer No. 3899

P. O. Address Bethany 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.