

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21748

State File No. ....

FILED AUG 1 - 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4194 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Gentry</b>		
b. CITY OR TOWN <b>Albany</b>		c. LENGTH OF STAY (in this place) <b>lifetime</b>		c. CITY OR TOWN <b>Albany</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>405 S. Smith</b>			e. STREET ADDRESS (If rural, give location) <b>405 S. Smith</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b> b. (Middle) <b>P.</b> c. (Last) <b>Ferguson</b>			4. DATE OF DEATH <b>July 22 1955</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Oct. 31, 1889</b>	9. AGE (In years, last birthday) <b>65</b>	10. MONTHS <b>8</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Groceryman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>grocery store</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Gentry County, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>J. G. Ferguson</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Jane Hunter</b>		14. NAME OF HUSBAND OR WIFE <b>Freda Carson Ferguson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes 1st W.W.</b>		16. SOCIAL SECURITY NO. <b>NO.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Freda Ferguson Albany, Mo.</b>		
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) <b>Gun-shot wound to head</b>  ANTECEDENT CAUSES 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 <b>40 mins.</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>E976 X</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <b>Albany, Gentry, Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 22-55 9:30</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>209 shotgun, used in mouth</b>			
22. I hereby certify that I attended the deceased from <b>Jan 4, 1952</b> , to <b>July 1, 1955</b> , that I last saw the deceased alive on <b>July 22, 1955</b> , and that death occurred at <b>9:40 a.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>C. I. Pray, D.O.</b>			23b. ADDRESS <b>Albany, Mo.</b>		23c. DATE SIGNED <b>7-23-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>7-24-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Carmack</b>		24d. LOCATION (City, town, or county) (State) <b>Gentry Co. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>July 25-55</b>	REGISTRAR'S SIGNATURE <b>Maudie Williams</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Clifford Brown</b>	ADDRESS <b>Albany Mo</b>		

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

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(Licensed Embalmer's Statement on Reverse Side)

AUG 3 1965

VS  
AUG 29 1960

AUG 3 1965

**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 me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Clifford Brook*.....

Licensed Embalmer No. 33

P. O. Address Altay.....

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.