

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5348**

FILED MAR 14 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200L Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>JOPLIN</b>		c. LENGTH OF STAY (in this place) <b>30 DAYS</b>	c. CITY OR TOWN <b>JOPLIN</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>FREEMAN HOSPITAL</b>		STREET ADDRESS (If rural, give location) <b>2117 PEARL AVENUE</b>	

3. NAME OF DECEASED (Type or Print) <b>MARY H. McFERON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 30, 1956</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>9-3-1869</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ILLINOIS</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>LEONARD BOWER</b>	13b. MOTHER'S MAIDEN NAME <b>MARY SCOTT</b>	14. NAME OF HUSBAND OR WIFE <b>ROBERT McFERON</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Alex Ferguson - Rt 3 Joplin, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocardial Sclerosis damaged with failure heart</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <b>Stylis Polychaeta 1 Mo</b>		
	DUE TO (c) <b>Fracture Rt Femur sustained 2 Mo</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Dec 30 1955 in her own home 2117 Pearl Joplin Mo 9030</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT (Specify) <b>SUICIDE</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Accident home Joplin Mo</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Joplin Jasper Mo</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>fall on own floor</b>

22. I hereby certify that I attended the deceased from **Dec 30, 1955**, to **Jan 30, 1956** that I last saw the deceased alive on **Jan 29, 1956** and that death occurred at **7:45 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Lois E. McFerson</b>	(Degree or title)	23b. ADDRESS <b>708 Tanager Dr Joplin Mo</b>	23c. DATE SIGNED <b>Jan 29 1956</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>2-3-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Medoc Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Jasper County, Mo</b>
DATE REC'D BY LOCAL REG. <b>3-9-56</b>	REGISTRAR'S SIGNATURE <b>Dove Merrick</b>	138-1	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>THORNHILL-DILLON MORTUARY Joplin, Mo</b>

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

MAR 14 1956

RECEIVED  
Jasper County Health Office  
County File Number 56-3-227  
Date Filed MAR 12 1956

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..... *David Hillon* .....

Licensed Embalmer No.. 3896

P. O. Address *Joplin, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.