

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

13239

State File No.

FILED MAY 10 1956

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1700</u>	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) Lifetime		c. CITY OR TOWN Kansas City		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 Osteopathic Hospital				e. STREET ADDRESS (If rural, give location) 3932 Charlotte 3658			
3. NAME OF DECEASED (Type or Print) a. (First) Pearl		b. (Middle)		c. (Last) FERGUSON		4. DATE OF DEATH (Month) (Day) (Year) 4-18-1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-12-1892		9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress			10b. KIND OF BUSINESS OR INDUSTRY H. D. Lee clothing		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Archie L. Brainard			13b. MOTHER'S MAIDEN NAME Ella C. Harris		14. NAME OF HUSBAND OR WIFE Frederick 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. 487-01-9263		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ralph Brubaker 7803 E. 40 Highway			
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) Myocardial failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malnutrition & emaciation DUE TO (c) carcinomatosis - possible primary site Ovarian 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 days 1 year 175x
19a. DATE OF OPERATION July 5, 1955		19b. MAJOR FINDINGS OF OPERATION Inoperable ovarian carcinoma				20. AUTOPSY? YES <input checked="" 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)		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>March 9, 1956</u> , to <u>April 18, 1956</u> , that I last saw the deceased alive on <u>April 17, 1956</u> , and that death occurred at <u>5:45 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE Vermer Ames (Degree or title) D.O.				23b. ADDRESS 926 E. 11th St. Kansas City, Mo.		23c. DATE SIGNED April 18, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 4-20-1956	24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
DATE REC'D BY LOCAL REG. 4-19-56		REGISTRAR'S SIGNATURE Neva Minchell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Muehlebach Funeral Home Kansas City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 *W. L. Ward*.....

Licensed Embalmer No. *39*.....

P. O. Address *308 E. 68*.....
7510

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.