

FILED JUL 31 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24458  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 4335 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONITEAU</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TIPTON</u>		c. CITY OR TOWN <u>TIPTON</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION _____		f. STREET ADDRESS (If rural, give location) <u>E. MORGAN ST. 0680</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>BELLE</u> c. (Last) <u>FERGUSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 23, 1956</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>JAN. 21, 1866</u>
9. AGE (In years last birthday) <u>90</u>		10. MONTHS <u>6</u>	11. DAYS <u>2</u> Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOMEMAKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEKEEPING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>SYRACUSE, MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JOSEPH W. YOUKEY</u>	
13b. MOTHER'S MAIDEN NAME <u>MARY SUSAN</u>		NAME OF HUSBAND OR WIFE <u>ISAAC S. 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 <u>Claude M. Ferguson</u>		ADDRESS <u>Tipton, 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>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u> ANTECEDENT CAUSES DUE TO (b) <u>Myocardial Insufficiency, sec. - 8 yrs.</u> DUE TO (c) _____ 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 _____	
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>TIPTON, MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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>Nov 17, 1948</u> , to <u>July 23, 1956</u> , that I last saw the deceased alive on <u>7-22, 1956</u> , and that death occurred at <u>2:00 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or Title) <u>Dr. G. Luebert D.D.</u>		23b. ADDRESS <u>Tipton, Mo</u>	
23c. DATE SIGNED <u>7-24-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>JULY 27-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC</u>	
24d. LOCATION (City, town, or county) (State) <u>TIPTON, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard D. Pond</u>	
DATE REC'D BY LOCAL REG. <u>July 28-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Maude Hudson</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>Conn. Funeral Home</u>		Tipton, Mo.	

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

0680

03

VS  
SEP 29 1960  
APR 17 1957

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..... *Richard D. Conn*

Licensed Embalmer No... *4703*

P. O. Address... *Jipton, Va*

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.