

Health, Welfare, Public Service

300  
1-56

ALL diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33455

STATE FILE NUMBER

322

FILED NOV 9 1956

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 322

1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Jefferson City, Mo</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hosp</u>			Length of stay in lb <u>40yrs</u>	d. STREET ADDRESS <u>410 State Street</u>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Amelia</u> Middle <u>Josephine</u> Last <u>Ferguson</u>				4. DATE OF DEATH Month <u>Nov</u> Day <u>1</u> Year <u>1956</u>						
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct-19-1886</u>		9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS.			
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>Home</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13. FATHER'S NAME <u>Charles Blum</u>				14. MOTHER'S MAIDEN NAME <u>Amelia Bauer</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 Address <u>James Ferguson, Jefferson City, Mo</u>							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Atelectasis and Bronchopneumonia Lungs.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Post operative, Gastrojejunostomy and Vagotomy, due to gastric and</u> DUE TO (c) <u>Duodenal Ulcers, Partial obstruction</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Gastric + duodenal ulcers - stenosis of pylorus</u>							INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>7 days</u> <u>10 years.</u>			
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>542.0</u>							
20c. TIME OF INJURY Hour <u>1:40</u> Month <u>11</u> Day <u>1</u> Year <u>1956</u> a. m. <u>0</u> p. m. <u>0</u>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Jefferson City, Mo</u>	COUNTY <u>Cole</u>	STATE <u>Missouri</u>
21. I attended the deceased from <u>9-7-56</u> to <u>11-1-56</u> and last saw her/him alive on <u>11-1-56</u> Death occurred at <u>1:40</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.										
22a) SIGNATURE <u>Rendall P. Clark, M.D.</u>				22b) ADDRESS <u>Jefferson City, Mo</u>		22c. DATE SIGNED <u>11-3-56</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/3/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>		23d. LOCATION (City, town, or county) <u>Jefferson City, Mo</u>			(State)			
24. FUNERAL DIRECTOR <u>Rafael L. Jordan</u>			ADDRESS <u>Jeff City, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>5 Nov-1956</u>		26. REGISTRAR'S SIGNATURE <u>R.P. Davis M.D.-MR</u>				

(Licensed Embalmer's Statement on Reverse Side)

VS OCT 17 1961

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 *Joseph J. Jordan*

Licensed Embalmer No. *120*  
P. O. Address *Jeffrey*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.