

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34907**

FILED OCT 29 1956

BIRTH NO. _____ REG. DIST. NO. 256 PRIMARY REG. DIST. NO. 4388 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Osage		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chamois	c. LENGTH OF STAY (In this place) 76	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chamois	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home in Chamois		d. STREET ADDRESS City (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) OCTAVIA	b. (Middle)	c. (Last) FERGUSON	4. DATE OF DEATH (Month) (Day) (Year) October 23 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 27 July 1880	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Osage County Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Herod Wilson	13b. MOTHER'S MAIDEN NAME Amanda McHon	14. NAME OF HUSBAND OR WIFE Jacob Ferguson
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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.	17. INFORMANT'S SIGNATURE OR NAME Arthur Ferguson	ADDRESS Chamois
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis Generalized.		
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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 10-18-1956, to 10-23-1956, that I last saw the deceased alive on 10-20-1956, and that death occurred at 11:15 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F. B. Farnsworth, D.O.	23b. ADDRESS Chamois Mo.	23c. DATE SIGNED 10-24-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 25 Oct 56	24c. NAME OF CEMETERY OR CREMATORY Deer Cemetery	24d. LOCATION (City, town, or county) (State) Chamois, Missouri
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DATE REC'D BY LOCAL REG. 25 Oct-1956	REGISTRAR'S SIGNATURE Anna Moran	25. FUNERAL DIRECTOR'S SIGNATURE Stanley E. Meyer	ADDRESS Chamois Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2760

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.....

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed

Stanley E. Meyer

Licensed Embalmer No. 4639

P. O. Address Chenais

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.