

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

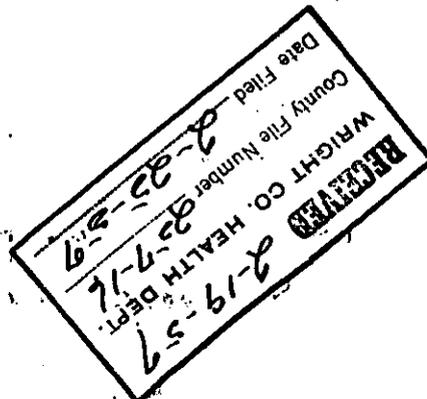
State File No. **7417**

FILED FEB 26 1957

1140

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

BIRTH NO. _____		REG. DIST. NO. 378		PRIMARY REG. DIST. NO. 6385		Registrar's No. 7	
1. PLACE OF DEATH a. COUNTY WRIGHT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MO. b. COUNTY WRIGHT			
b. CITY (If outside corporate limits, write RURAL and give township) Mountain Grove Township		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN NORWOOD 1140		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) Rt # 2			
3. NAME OF DECEASED (Type or Print) a. (First) Oliver			b. (Middle) _____			c. (Last) FERGUSON	
4. DATE OF DEATH (Month) (Day) (Year) FEB 6, 1957		5. SEX Female		6. COLOR OR RACE White		7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH MAR 8, 1866		9. AGE (In years) (Months) (Days) (Hours) (Mins.) 90 10 28		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) CANADA				12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME EARSTUS SIMMONS		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE JOHN W. FERGUSON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME RICHARD FERGUSON ADDRESS NORWOOD MO			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis ANTECEDENT CAUSES Hypertension, Arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Not known	
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) 4201			
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 2-10 , 1957, to 2-6 , 1957, that I last saw the deceased alive on 2-5 , 1957, and that death occurred at 11:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS Mountain Grove Mo.		23c. DATE SIGNED 2-7-57	
24a. BIRTHAL CREMATION REMOVAL (Specify) Removal		24b. DATE 2-11-57		24c. NAME OF CEMETERY OR CREMATORY Sweet SPRINGS		24d. LOCATION (City, town, or county) (State) Sweet SPGS. MO.	
DATE REC'D BY LOCAL REG. 2-11-57		REGISTRAR'S SIGNATURE A.B. Ames		25. FEDERAL DIRECTOR'S SIGNATURE Thable W. W. [Signature]		ADDRESS Wash. D.C.	



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.....
Frank Grable

Licensed Embalmer No.
414

P. O. Address.....
City Ho

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.