

FILED APR 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

12899

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 452

1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton, Mo.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Holden, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Hosp.			Length of stay in lb 8 days	d. STREET ADDRESS (If outside, give location) 611 So. Market			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Ora Middle Ellen Last Ferguson				4. DATE OF DEATH Month April Day 19 Year 1957			
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 25, 1875	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Jackson Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Fisher Prewitt				14. MOTHER'S MAIDEN NAME Meleana Steele			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Route 4, No Dau. Mrs. Mary D. Turner, Kan. City, Mo			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Surgical Shock. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Gastric Hemorrhage - 8 days							INTERVAL BETWEEN ONSET AND DEATH 10 minutes 20 minutes
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.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____							
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		COUNTY _____ STATE _____	
21. I attended the deceased from April 10 to April 18 and last saw her alive on April 18, 1957 Death occurred at 13:00 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) R. M. Jones D.O.			22b. ADDRESS Holden Mo			22c. DATE SIGNED 4-20-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 4-22-57	23c. NAME OF CEMETERY OR CREMATORY Holden Cemetery		23d. LOCATION (City, town, or county) (State) Holden, Mo.		
24. FUNERAL DIRECTOR E. B. CAST HOLDEN MO		ADDRESS 4-26-57		25. DATE RECD. BY LOCAL REG. 4-26-57		26. REGISTRAR'S SIGNATURE Mildred Bigum	

(Licensed Embalmer's Statement on Reverse Side)

Health,
Welfare
Public
Service300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

securing the medical certification in the specimen

1907-50 4071

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 *E. B. Clark*.....

Licensed Embalmer No. *405*.....

P. O. Address *Holden, Mass.*.....

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.