

Health, Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24526
STATE FILE NUMBER
3352

FILED AUG 12 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3352

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Warsaw</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3932 Cleveland</u>		Length of stay in lb <u>6 weeks</u>	d. STREET ADDRESS (If outside, give location) <u>---</u>

3. NAME OF DECEASED (Type or print) First <u>Mrs Esther H.</u> Middle <u>Ferguson</u> Last <u>Ferguson</u>			4. DATE OF DEATH Month <u>July</u> Day <u>17</u> Year <u>1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-7-1897</u>		9. AGE (In years last birthday) <u>59</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sales Lady</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Real Estate Co</u>	11. BIRTHPLACE (City and state or country) <u>Favannah, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>George W Haywood</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Rogers</u>		14. NAME OF HUSBAND OR WIFE <u>Clyde 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>486-10-3936</u>		17. INFORMANT <u>Allen S Ferguson</u> Address <u>8620 E 78th Ter KC Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>METASTATIC MELANOMA - INTRACRANIAL</u>			<u>3 wks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>MALIGNANT MELANOMA, FOREARM - primary site, widespread metastases</u>		<u>20 mos.</u>
	DUE TO (c) <u>---</u>		<u>190x</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ' <u>CACHEXIA, MODERATE, DUE CARCINOMATOSIS</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 <u>---</u> Month <u>---</u> Day <u>---</u> Year <u>---</u> a.m. <u>---</u> p.m. <u>---</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>Jackson</u> COUNTY <u>Mo</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>7-1-57</u> to <u>7-17-57</u> and last saw <u>him</u> alive on <u>7-17-57</u> Death occurred at <u>2:17</u> <u>pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE <u>Lawrence M. Field, M.D.</u> (Degree or title)		22b. ADDRESS <u>4620 S. Nichols Pkwy, # 515, KC Mo.</u>		22c. DATE SIGNED <u>7-17-57</u>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7-19-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>		23d. LOCATION (City, town, or county) (State) <u>Jackson Co Mo</u>	
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24. FUNERAL DIRECTOR <u>Franco Wornall Funeral Home KC Mo</u>		ADDRESS <u>---</u>		25. DATE RECD. BY LOCAL REG. <u>7-18-57</u>		26. REGISTRAR'S SIGNATURE <u>Neve Marshall</u>	
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(Licensed Embalmer's Statement on Reverse Side)

Lawrence M. Field USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Russell N. France*

Licensed Embalmer No. *425*

P. O. Address *H. C. Me*

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.

