

FILED SEP 19 1957

## STANDARD CERTIFICATE OF DEATH

State File No. 31324BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4196 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Malden</u>		c. LENGTH OF STAY (In this place) <u>10 YRS.</u>		c. CITY OR TOWN <u>Malden</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Res.</u>				e. STREET ADDRESS (If rural, give location) <u>400 2nd. Ave.</u> <u>035/0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joe</u>		b. (Middle) <u>Andrew</u>		c. (Last) <u>Ferguson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 2, 1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 8, 1886</u>			
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			13a. FATHER'S NAME <u>(Unknown)</u>		13b. MOTHER'S MAIDEN NAME <u>(Unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Maude Ferguson Malden, Mo</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Maude Ferguson</u>			ADDRESS <u>Malden, Mo.</u>	
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) <u>Cancer of Stomach</u> ANTECEDENT CAUSES 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. <u>151X</u>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>operation of Ovarian Mass - Ripper Pyloric</u>						20. AUTOPSY? <u>2</u> 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)		21d. (STATE)			
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?					
22. I hereby certify that I attended the deceased from <u>Jan 29, 1957</u> to <u>Sept 2, 1957</u> , that I last saw the deceased alive on <u>Sept 2, 1957</u> , and that death occurred at <u>7:30 P.M.</u> from the causes and on the date stated above.									
23a. SIGNATURE <u>S. Carlstrom</u>				23b. ADDRESS <u>Malden Mo</u>		23c. DATE SIGNED <u>9/7/57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/4/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Gilead</u>		24d. LOCATION (City, town, or county) (State) <u>Malden Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9-13-57</u>		REGISTRAR'S SIGNATURE <u>J. J. Schuman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McDaniel Funeral Service</u>					
				ADDRESS <u>Senath, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY

DEPARTMENT 9-11

COUNTY FILE NUMBER 0

SEP 10 1957

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 Edna L. Brown

Licensed Embalmer No. 486

P. O. Address Seneca

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.