

Health,
Public
Service

FILED SEP 26 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 445

300
-57

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Joplin	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2017 Grand Ave	Length of stay in lb 41 Yrs	d. STREET ADDRESS (If outside, give location) 2017 Grand Ave	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Minnie Middle Ruth Last Ferguson			4. DATE OF DEATH Month September Day 9 Year 1957		
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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 11-17-1869	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 495 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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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 Homemaking	11. BIRTHPLACE (City and state or country) Washington County, Ill	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Joel Stehens	13b. MOTHER'S MAIDEN NAME Sarah Foster	14. NAME OF HUSBAND OR WIFE Ashel, (Deceased)
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Ira Ferguson Address 2017 Grand Ave., Joplin, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiovascular Renal Disease		INTERVAL BETWEEN ONSET AND DEATH 42 yrs 10 yrs 20 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis generalized		
DUE TO (c) Arteriosclerosis		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis		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.)
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20c. TIME OF INJURY Hour 5:15 Month Jan Day 9 Year 1957 a.m. p.m.

20d. INJURY OCCURRED WHILE AT <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 Joplin, Missouri	COUNTY Joplin STATE Missouri
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21. I attended the deceased from **Jan 1956** to **9/9/57** and last saw her/him alive on **Aug 6-1957**
Death occurred at **5:15 A.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Name or title) G. A. SCHULTE, M.D.	22b. ADDRESS 2125 Jackson, Joplin, Missouri	22c. DATE SIGNED 9/12/57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-11-1957	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Pk Cem.	23d. LOCATION (City, town, or county) (State) Joplin, Missouri
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24. FUNERAL DIRECTOR Thornhill-Dillon ADDRESS Joplin, Missouri	25. DATE RECD. BY LOCAL REG. 9-19-1957	26. REGISTRAR'S SIGNATURE Dove Merriam
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *Robert W. Thompson*

Licensed Embalmer No. 3590-.....
P. O. Address *Joplin, Mo*

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.