

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1107

STATE FILE NUMBER

FILED FEB 3 1958

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 65

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Howell</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>West Plains</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>West Plains</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Willow Springs</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>Christa Hogan</u>		Length of stay in lb <u>10 Mins.</u>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Homer</u>		Middle <u>V.</u>		Last <u>FERGUSON</u>		Month <u>Jan.</u> Day <u>25</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 16, 1886</u>	9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Druggist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Drug</u>		11. BIRTHPLACE (City and state or country) <u>Willow Springs, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>James A. Ferguson</u>				14. MOTHER'S MAIDEN NAME <u>Arenio Featheringnall</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>487 09 0665</u>		17. INFORMANT <u>Mrs. Myra Ferguson, Willow Spgs., 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>Cerebral embolism</u>						<u>5 min</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Mural Thrombosis</u>		<u>4201</u>		<u>2 wks</u>	
		DUE TO (c) <u>Chronic Myocarditis</u>				<u>4 yrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? <input type="checkbox"/>	
<u>Chronic bronchiectasis with emphysema</u>						<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> 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		COUNTY		STATE			
21. I attended the deceased from <u></u> to <u>1-25-58</u> and last saw her alive on <u>1-25-58</u>							
Death occurred at <u>4:15 Pm.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Et. Callahan M.D.</u> (Degree or title)				22b. ADDRESS <u>West Plains, Mo</u>		22c. DATE SIGNED <u>1-26-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>1-28-58</u>		<u>City Cemetery</u>		<u>Willow Springs, Mo.</u>	
24. FUNERAL DIRECTOR <u>Burns Funeral Home, Willow Spgs., Mo. 1-29-58</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u></u>		26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	

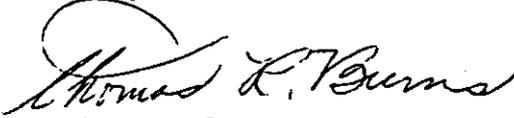
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FEB 13 1958

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..... Thomas R. Burns

Licensed Embalmer No. 4214

P. O. Address Willow Sp

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.