

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006119
STATE FILE NUMBER

FILED MAR 14 1958

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 53

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carthage</u>		c. CITY OR TOWN <u>Carthage</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>McCune Brooks Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>414 Fall</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>John Ferguson</u>			4. DATE OF DEATH Month Day Year <u>March 4, 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"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 22, 1890</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
-----------------------	----------------------------------	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Hercules Powder</u>	11. BIRTHPLACE (City and state or country) <u>Carthage, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	--	---

13a. FATHER'S NAME <u>Phelps Ferguson</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Coker</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Eva</u>
--	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input checked="" type="checkbox"/> no <input type="checkbox"/> or unknown) (If yes, give year or dates of service) <u>yes w.w. # 1</u>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Mrs. Anna Ferguson, Carthage, Mo.</u>
--	-------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>myocarditis, Chronic</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>
--	--	---

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Influenza acute</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.) <u>4221</u>
---	---

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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 Began occurred at <u>Feb 21 '58</u> to <u>Mar 4 '58</u> and last saw her alive on <u>Mar 4 '58</u> <u>1:05</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>George H. Wood</u> M. D.	22b. ADDRESS <u>Carthage, Missouri</u>	22c. DATE SIGNED <u>3/6/58</u>
---	---	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-7-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>odd fellows cem</u>	23d. LOCATION (City, town, or county) (State) <u>Carthage, Mo.</u>
--	----------------------------	--	---

24. FUNERAL DIRECTOR <u>Ulmer Funeral Home, Carthage, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>3-7-58</u>	REGISTRAR'S SIGNATURE <u>W. H. Clinton</u>
--	---	---

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

pector, coroner, etc.; must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

39

County File Number 08-3-243
Date Filed MAR 12 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 *Edwin C. Blum*

Licensed Embalmer No. *1955*
P. O. Address *East Troy*

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.