

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015169

STATE FILE NUMBER

117

FILED APR 29 1958

Registration District No. 367 Primary Registration District No. 3049 Registrar's No. _____

S. 300
1-57

0781

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hayti
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print) Ada Marie Barham Ferguson			4. DATE OF DEATH April 9, 1958
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 Mar. 15, 1924
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (in years last birthday) 34 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
11. BIRTHPLACE (City and state or country) Obion County, Tenn.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME C. Allie Barham		13b. MOTHER'S MAIDEN NAME Johnna Stanfield	
14. NAME OF HUSBAND OR WIFE Hollon Ferguson		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Hollon Ferguson, Hayti, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of cranium Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) self-inflicted DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 976X
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 _____ Month _____ Day _____ Year _____ 5 p.m. Apr. 9, 1958	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	
20f. CITY, TOWN, OR LOCATION Hayti		COUNTY Pemiscot STATE Mo.	
21. I attended the deceased from 3-29-58 to 4-9-58 and last saw her ^{her} _{him} alive on 4-9-58 Death occurred at 5:15 p m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Jacob W. Caldwell MD		22b. ADDRESS Hayti Mo	
22c. DATE SIGNED 4-14-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE April 11, 1958		23c. NAME OF CEMETERY OR CREMATORY East View	
23d. LOCATION (City, town, or county) Union City, Tenn.		(State)	
24. FUNERAL DIRECTOR White-Ranson, Union City, Tenn.		25. DATE RECD. BY LOCAL REG. 4-14-58	
26. REGISTRAR'S SIGNATURE Johell Gorman			

4-126-58

APR 28 1958

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE
CARUTHERSVILLE, MO.
PHONE 79

MAR 20 1959

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 Oliver William

Licensed Embalmer No. 9391
P. O. Address Union City, Tenn

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.