

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012621

STATE FILE NUMBER

FILED APR 23 1959

Registration District No. 5-9 Primary Registration District No. 4-2-1 Registrar's No. 74

S. 300  
1-57

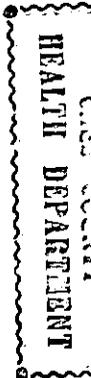
1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWNSHIP <b>Harrisonville</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Belton</b> <b>0190</b> <del>North Belton Township</del> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Harrisonville Memorial Hospital</b>		d. STREET ADDRESS <b>108 N. Scott</b> <b>Belton</b> <del>Belton, Mo.</del> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>WALTER TAYLOR FERGUSON</b>			4. DATE OF DEATH Month Day Year <b>April 12, 1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. <input checked="" type="checkbox"/> MARKED NEVER MARRIED <input type="checkbox"/> <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	8. DATE OF BIRTH <b>Sept 13, 1881</b>
9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gasoline Bulk Co.</b>	11. BIRTHPLACE (City and state or country) <b>Sabina, Ohio</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Zachary Ferguson</b>	
13b. MOTHER'S MAIDEN NAME <b>Adelia Griffith</b>		14. NAME OF HUSBAND OR WIFE <b>Katie Fergus on</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>487-10-5210</b>	17. INFORMANT Address <b>Mrs. Walter Fergus on Belton, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>PNEUMONIA, BRONCHIAL</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 DAYS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>MYOCARDITIS, CHRONIC 491X</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>NONE</b>	
20c. TIME OF INJURY Hour Month, Day, Year 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.) <b>NONE</b>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>BELTON, CASS, MISSOURI</b>	
21. I attended the deceased from <b>MAY 19, 1950</b> , to <b>APR. 12, 1959</b> and last saw <sup>her</sup> him alive on <b>APR. 12, 1959</b> Death occurred at <b>5:30 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Herbert A. Tracy, M.D.</b>		22b. ADDRESS <b>BELTON, Mo.</b>	22c. DATE SIGNED <b>4-14-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4/14/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Raymore Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Raymore, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>E. K. George &amp; Sons, Inc Belton, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4-15-59</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Ray Sebrer</b>

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

MEDICAL CERTIFICATION

AUG 11 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 Richard E. George

Licensed Embalmer No. 3958

P. O. Address Bellaire, 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.