

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027673

FILED VS AUG 10 1959

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2036

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St. Louis				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Meramec Twsp		Length of stay in 1b 6 Yrs.		c. CITY OR TOWN Rural Meramec Twsp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway C			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Highway C		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Maud Middle Ferguson Last Ferguson				4. DATE OF DEATH Month July Day 29 Year 1959				
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 9-23-81	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days 	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework			10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and state or country) Centaur Sta., Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Frank Day Terry			13b. MOTHER'S MAIDEN NAME Nannie Coleman			14. NAME OF HUSBAND OR WIFE Walter 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. no		17. INFORMANT Address Nan Rethmeier Ballwin, 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) auricular fibrillation						INTERVAL BETWEEN ONSET AND DEATH 18 hours		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) generalized arteriosclerosis				30 years		
		DUE TO (c) multiple cerebral vascular accidents				2 MOS.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) malnutrition, dehydration						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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.)						
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 4/15/59 to 7/29/59 and last saw her/him alive on 7/28/59 Death occurred at 9:15 P on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) John E Ragland MD				22b. ADDRESS Ballwin, Missouri		22c. DATE SIGNED 7/31/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-1-59	23c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery		23d. LOCATION (City, town, or county) Monarch Mo.		(State)	
24. FUNERAL DIRECTOR Schrader Funeral Home Ballwin Mo.			25. DATE RECD. BY LOCAL REG. 7-31-59		26. REGISTRAR'S SIGNATURE John C. Murphy			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Richard Popp

Licensed Embalmer No.

4584

P. O. Address

Baltimore

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