

PRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 5 1960

= 60-002124
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Jasper</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin Mo</u> Length of stay in 1b <u>3 da</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hosp</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u> c. CITY OR TOWN <u>Reeds</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS <u>Mo</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last <u>Linett E. Ferguson</u> 4. DATE OF DEATH Month Day Year <u>1-13-1960</u>				5. SEX <u>fe</u> 6. COLOR OR RACE <u>wh</u> 7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> 8. DATE OF BIRTH <u>1-6-84</u> 9. AGE (last birthday) <u>76</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</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>Ben Watson</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>W D Ferguson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>			16. SOCIAL SECURITY NO. <u>none</u>			17. INFORMANT <u>W D Ferguson</u> Address <u>Reeds 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>Chronic Pyelonephritis - (Uremia)</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
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) <u>Hypertensive arteriosclerotic heart disease</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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 a.m. p.m. Month, Day, Year								
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from <u>Jan 5, 1958</u> to <u>Jan 13, 1960</u> and last saw her alive on <u>January 13, 1960</u> -Death occurred at <u>5 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Jakob Reel Miller, MD</u>				22b. ADDRESS <u>304 Medical Arts Bldg Joplin Missouri</u>		22c. DATE SIGNED <u>1-22-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-16-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Freeman Cem</u>		23d. LOCATION (City, town, or county) <u>Carthage Mo</u> (State)			
FUNERAL DIRECTOR <u>Jackson Sew Sorensen</u> ADDRESS <u>Mo</u>				25. DATE RECD. BY LOCAL REG. <u>Feb. 1-1960</u>		26. REGISTRAR'S SIGNATURE <u>Novie Merriam</u>		

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 Wm. K. Jackson

Licensed Embalmer No. 3954

P. O. Address Sanofi

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.