URL DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS FEB 24 1960

-60-007811

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 72

NDED

1. PLACE OF DEATH
a. COUNTY ST FRANCOIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BONNE TERRE — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BONNE TERRE HOSP. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY ST FRANCOIS
c. CITY OR TOWN MINE LA MOTTE — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) ~~NEAR FARMINGTON, MO.~~ — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First LLOYD Middle JAMES Last FERGUSON

4. DATE OF DEATH Month FEB. Day 20 Year 1960

5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH OCT. 11 1944
9. AGE (last birthday) 15 — 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)
10b. KIND OF BUSINESS OR INDUSTRY STUDENT
11. BIRTHPLACE (City and state or country) MINE LA MOTTE MO
12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME THEODORE FERGUSON
13b. MOTHER'S MAIDEN NAME AUDELL UMFLEET
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. --
17. INFORMANT THEODORE FERGUSON Address MINE LA MOTTE 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) Acute lymphocytic Leukemia — INTERVAL BETWEEN ONSET AND DEATH 2 mo.
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Jan 1960, to Feb 20, 1960 last saw him alive on Feb 20, 1960
Death occurred at 6 35/P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. A. Huckstep M.D.
22b. ADDRESS Farmington, MO
22c. DATE SIGNED 2/22/60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE FEB. 23, '60
23c. NAME OF CEMETERY OR CREMATORY CROSSROADS
23d. LOCATION (City, town, or county) (State) NEAR FARMINGTON, MO.

24. FUNERAL DIRECTOR ADDRESS C.H. COZEAN FARMINGTON MO
25. DATE RECD. BY LOCAL REG. Feb. 22, 1960
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

MAY 2 7 1961

MAR 2

STATEMENT BY LICENSED EMBALMER

08

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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