

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011449

STATE FILE NUMBER

FILED VS MAR 16 1960/57

3028

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

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Length of stay in 1b 10 yrs	c. CITY OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 210 N. Main St		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last LEROY RUSSELL FERGUSON			4. DATE OF DEATH Month Day Year March 7, 1960			
5. SEX male	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 1-13-09	9. AGE (last birthday) 51	
		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) carpenter		10b. KIND OF BUSINESS OR INDUSTRY building	11. BIRTHPLACE (City and state or country) Jasper Co., Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME W. W. Ferguson		13b. MOTHER'S MAIDEN NAME Stella Johnson		14. NAME OF HUSBAND OR WIFE Stella Finley Ferguson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 500-09-2215	17. INFORMANT Address Carthage, Mo Mrs. L.R. Ferguson, 210 N. Main			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar pneumonia					INTERVAL BETWEEN ONSET AND DEATH 1 wk	
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) Intestinal obstruction Gastric ulcer & pancreatic penetration;					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 checked="" type="checkbox"/> NO <input 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 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 11-30-59 to 3-7-60 and last saw her/him alive on 3-7-60		Death occurred at 5:40 p m on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) Richard R. Cogle, M.D.		22b. ADDRESS Carthage, Mo.		22c. DATE SIGNED 3-8-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 3-10-60	23c. NAME OF CEMETERY OR CREMATORY Park Cemetery	23d. LOCATION (City, town, or county) (State) Carthage, Mo			
24. FUNERAL DIRECTOR ADDRESS Knell Mortuary, Carthage, Mo		25. DATE RECD. BY LOCAL REG. 3-9-60	26. REGISTRAR'S SIGNATURE Elly Clutman			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

