

VITAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. SEP 26 1960

-60-034733

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4630

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		a. STATE Missouri b. COUNTY Jackson		c. CITY OR TOWN Kansas City	
Length of stay in lb 16 mon.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital				d. STREET ADDRESS (If outside, give location) Linwood Apts. 1200 East Linwood			
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			5. SEX	
First ROBERT Middle MORRIS Last FERGUSON			Month 9 Day 9 Year 60			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 2-6-85		9. AGE (last birthday) 75	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fruit & Veg. Insp.		10b. KIND OF BUSINESS OR INDUSTRY U.S. Government		11. BIRTHPLACE (City and state or country) Plum River, Apple, Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Ruben Ferguson			13b. MOTHER'S MAIDEN NAME Delilah Robinson			14. NAME OF HUSBAND OR WIFE Edna Ester 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. None		17. INFORMANT Mr. Donald R. Ferguson: 8635 Highland			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease							
DUE TO (b) Uremia, Pleural Effusion							
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. <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 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 8-3-60 to 9-9-60 and last saw her/him alive on 9-9-60 Death occurred at 2:12 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>H. L. Dwyer</i> (Degree or title) M.D.				22b. ADDRESS 2400 Cherry - K.C., Mo.		22c. DATE SIGNED 9-9-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-12-60		23c. NAME OF CEMETERY OR CREMATORY Mount Calvary Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Kansas	
24. FUNERAL DIRECTOR WEIL FUNERAL HOMES (S) K.C., MO. ADDRESS _____				25. DATE RECD. BY LOCAL REG. 9-10-60		26. REGISTRAR'S SIGNATURE <i>H. L. Dwyer</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **H. L. Dwyer**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

~~by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jack R. Moore

Licensed Embalmer No. 472

P. O. Address Kansas

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