

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048595

FILED VS JAN 25 1961

43

STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neelyville		Length of stay in 1b 20yrs.		c. CITY OR TOWN Neelyville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Star Rt.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Lewis Middle _____ Last Ferguson				4. DATE OF DEATH Month 12 Day 4 Year 1960									
5. SEX Male		6. COLOR OR RACE Negro		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2/11/72		9. AGE (last birthday) 87		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) Laborer and Farmer				10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Silas Miss.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Jack Ferguson				13b. MOTHER'S MAIDEN NAME Harrett (unknown)				14. NAME OF HUSBAND OR WIFE deceased					
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. 500-26-4573		17. INFORMANT Address Otto Ferguson, Star Rt. Neelyville, 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) Pulmonary Edema										INTERVAL BETWEEN ONSET AND DEATH 3 days			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease										Years			
DUE TO (c) Advanced Age													
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 9-28-60 to 12-4-60 and last saw ^{her} him alive on 12-2-60 Death occurred at 10:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) J. L. Smith, Do.						22b. ADDRESS Naylor, Mo.			22c. DATE SIGNED 12-15-60				
23a. BURIAL, CREMATION, or other disposition (Specify)		23b. DATE 12/7/1960		23c. NAME OF CEMETERY OR CREMATORIUM Neelyville		23d. LOCATION (City, town, or county) (State) Neelyville, Mo.							
24. FUNERAL DIRECTOR ADDRESS Peoples - Poplar Bluff, Mo.				25. DATE RECD. BY LOCAL REG. 1/04/61		26. REGISTRAR'S SIGNATURE [Signature]							

(Licensed Embalmer's Statement on Reverse Side)

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 Wallace R. Knight

Licensed Embalmer No. 4514

P. O. Address 822 Fair

Poplar Bluff

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.