SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-006071
STATE FILE NUMBER

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 56

FILED VS FEB 27 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: PETTIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SEDALIA
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 117 E. Jefferson
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: PETTIS
c. CITY OR TOWN: SEDALIA
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 117 E. JEFFERSON
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: EULA Middle: W. Last: FERGUSON
4. DATE OF DEATH: Month 2 Day 18 Year 1961
5. SEX: FEMALE
6. COLOR OR RACE: NEGRO
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 4-4-1903
9. AGE (last birthday): 57
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): OTTERVILLE, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: MARY ALICE JACKSON
14. NAME OF HUSBAND OR WIFE: F. D. FERGUSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
17. INFORMANT: B. B. JEFFERSON – Address: 325 COELHO MILPITAS, CALIF

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Quite a
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis generalized
DUE TO (c): Coronary Arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus & Obesity
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 2 Dec 49, to 18 Feb 61 and last saw her alive on 6 June 60
Death occurred at ____ on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Carl Stiegel M.D. (Degree or title)
22b. ADDRESS: 1216 West 18th St Sedalia Mo
22c. DATE SIGNED: 21 Feb 61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb 22 1961
23c. NAME OF CEMETERY OR CREMATORY: Crown Hill Annex
23d. LOCATION (City, town, or county) (State): Sedalia, Missouri
24. FUNERAL DIRECTOR: E. Sterling Bills — ADDRESS: 1212 Ave KC Mo
25. DATE RECD. BY LOCAL REG.: 2/21/61
26. REGISTRAR'S SIGNATURE: Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed E. Sterling Billo

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St
KC, Mo

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.