

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031684  
STATE FILE NUMBER

Registration District No. 379 Primary Registration District No. 6282 Registrar's No. \_\_\_\_\_

FILED AUG 29 1961

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

1. COUNTY <b>Wright</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Wright</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clark Township</b>		Length of stay in lb <b>10 Yrs</b>	c. CITY OR TOWN <b>Norwood</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>South Star Route</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>South Star Route</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>DELBERT FERGUSON</b>			4. DATE OF DEATH Month Day Year <b>August 13, 1961</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White.</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/18/1886</b>
9. AGE (last birthday) <b>74 Yrs</b>		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) <b>Practical Nursing</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Wilber, Nebraska</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Edward Ferguson</b>	13b. MOTHER'S MAIDEN NAME <b>Alacia Hunt</b>
14. NAME OF HUSBAND OR WIFE <b>Mary Alta Ferguson</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
17. INFORMANT Address <b>Mrs Mary Alta Ferguson - Norwood, Mo</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypertension, arteriosclerosis,</b> <b>and arterio sclerosis -</b> DUE TO (b) <b>Arthritis,</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 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 <b>8-10-60</b> to <b>8-13-61</b> and last saw her/him alive on <b>8-4-61</b> Death occurred at <b>5:00 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>[Signature] MD</b>		22b. ADDRESS <b>[Signature] MD</b>	22c. DATE SIGNED <b>8-14-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8/15/1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Thomas Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Wright County, Missouri</b>
24. FUNERAL DIRECTOR <b>Barber Funeral Home - Mtn. Grove, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>8-29-61</b>	26. REGISTRAR'S SIGNATURE <b>[Signature] M.D.</b>

SEP 26 1961

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 George Stajak

Licensed Embalmer No. 3164

P. O. Address Mr. Stajak

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.