

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-62-002161**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 44

|   |  |
|---|--|
| <b>FILED JAN 30 1962</b>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  |
| 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Independence</b>  |  |
| Length of stay in lb  |  |
| c. CITY OR TOWN <b>Independence</b>   |  |
| Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Rest Haven 1500 West Truman</b>   |  |
| Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| d. STREET ADDRESS<br><b>1500 West Truman</b>  |  |
| Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>William T. Ferguson</b>  |  |
| 4. DATE OF DEATH<br>Month Day Year<br><b>Jan 21 1962</b>  |  |
| 5. SEX<br><b>Male</b>   |  |
| 6. COLOR OR RACE<br><b>White</b>  |  |
| 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>   |  |
| 8. DATE OF BIRTH<br><b>8-28-1876</b>  |  |
| 9. AGE (last birthday) <b>86</b>  |  |
| IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min.  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Rancher</b>   |  |
| 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Rancher</b>   |  |
| 11. BIRTHPLACE (City and state or country)<br><b>Ray County Missouri</b>  |  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U S A</b>   |  |
| 13a. FATHER'S NAME<br><b>G.P.W. Ferguson</b>  |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Elizabeth Cato</b>  |  |
| 13c. NAME OF HUSBAND OR WIFE<br><b>Lula Ferguson</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |  |
| 16. SOCIAL SECURITY NO.   |  |
| 17. INFORMANT<br>Address<br><b>Lula Ferguson 1500 West Truman</b>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>acute cardiac failure</b>  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>arteriosclerotic cardiovascular disease</b>   |  |
| DUE TO (c) <b>&amp; emphysema</b>   |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>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>Nov 1960</b> to <b>1/21/62</b> and last saw him alive on <b>1/15/62</b><br>Death occurred at <b>11:45 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |
| 22a. SIGNATURE (Do not write title)<br><b>Vance E. Lusk, M.D.</b>   |  |
| 22b. ADDRESS<br><b>10901 Winner Rd Independence, MO</b>   |  |
| 22c. DATE SIGNED<br><b>1/22/62</b>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  |
| 23b. DATE<br><b>Jan 23, 1962</b>  |  |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mound Grove Cemetery</b>   |  |
| 23d. LOCATION (City, town, or county) (State)<br><b>Independence Missouri</b>   |  |
| 24. FUNERAL DIRECTOR<br><b>Roland R. Speaks Funeral Home Independence</b>   |  |
| ADDRESS   |  |
| 25. DATE RECD. BY LOCAL REG.<br><b>1-23-62</b>  |  |
| 26. REGISTRAR'S SIGNATURE<br><b>Alba L. Craig</b>   |  |

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

**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 Don H. Lindsay, Student Embalmer No. 649  
working under my personal supervision.

Student Don H. Lindsay  
Signature of Student Embalmer

Signed Poland B. Speake

Licensed Embalmer No. 3604  
P. O. Address Indep 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.