

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006925

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 35

FILED FEB 20 1962

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mineral Twsp.		Length of stay in 1b 4 1/2 yrs	c. CITY OR TOWN Webb City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Elmhurst Convalescent Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 404 N. Ball Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARGARET Middle SARAH Last SIDBALL			4. DATE OF DEATH Month February Day 15 Year 1962
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-21-1880
9. AGE (last birthday) 81		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Cherokee, Kansas
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Cornelius Siddall	
13b. MOTHER'S MAIDEN NAME Mary C. Street		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. Unk	17. INFORMANT Aunt- Mrs. N. E. Ferguson, 404 N. Ball, Webb City, Mo. Address Webb City, 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) Pneumonia Bil			INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fracture neck at femur 6 weeks			
DUE TO (c) Senility			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Fell while walking to chair	
20c. TIME OF INJURY Hour 9 a.m. 5-61 Month, Day, Year 11-5-61	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Elmhurst Convalescent Home		20f. CITY, TOWN, OR LOCATION Webb City	COUNTY Jasper STATE Mo
21. I attended the deceased from 4/1, 59 to 2/7, 62 and last saw him alive on 2/7, 62		Death occurred at 11:50 AM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Lewis Z. Ferguson M.D.		22b. ADDRESS 201 Med. Bldg. Joplin Mo	22c. DATE SIGNED 2-16-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-17-1962	23c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery,	23d. LOCATION (City, town, or county) (State) Joplin, Missouri
24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MISSOURI		25. DATE RECD. BY LOCAL REG. 2-16-62	26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer

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

ROBERT A. YORK

Student Embalmer No.

631

working under my personal supervision.

Student

Robert A. York
Signature of Student Embalmer

Signed

Harvey E. Grace

Licensed Embalmer No.

4468

P. O. Address

Opolis, 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.