

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019768

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 40

FILED JUN 4 1962

1. PLACE OF DEATH
 a. COUNTY Femiscot
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Caruthersville Length of stay in 1b
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 801 West 11th Street Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Femiscot
 c. CITY OR TOWN Caruthersville Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 801 West 11th Street Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Virgie May Ferguson 4. DATE OF DEATH Month Day Year May 26th 1962

5. SEX Female 6. COLOR OF RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3-15-1908 9. AGE (last birthday) 54 IF UNDER 1 YEAR Months Days Hours Min. 2 11 IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Braggadosio, Mo 12. CITIZEN OF WHAT COUNTRY USA.

13a. FATHER'S NAME Milton J. Thomas 13b. MOTHER'S MAIDEN NAME Amanda Ash 14. NAME OF HUSBAND OR WIFE Aldon Ferguson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. no 17. INFORMANT Aldon Ferguson Address Caruthersville, 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) Malignancy - carcinoma - of uter
 DUE TO (b) Toxic & frozen pelvis, -
Septic metrorrhosis &
metabolic meliorosis &
 DUE TO (c) Primary right uterine -
 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.
 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 1-17-62 to 5-26-62 and last saw her alive on 5-26-62
 Death occurred at 3:50 pm 3:50 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. S. [Signature] (Degree or title) MD. 22b. ADDRESS Hayti, Missouri 22c. DATE SIGNED 5-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 5-28-1962 23c. NAME OF CEMETERY OR CREMATOR Little Grove Cemetery 23d. LOCATION (City, town, or county) (State) Caruthersville, Mo

24. FUNERAL DIRECTOR John W. German Address 208 West 3rd Street Hayti, Missouri 25. DATE RECD. BY LOCAL REG. 5-28/62 26. REGISTRAR'S SIGNATURE Jack W. Tipton

VS 300 Rev. 4/59

10785
20785

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4 1
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9 174X
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12 90-0
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 John W. Geeman

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.