

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042606

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5567

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

11-7-62

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23658

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

November 1, 1962

SHOULD READ

November 2, 1962

ITEM NO. # 4

DOCUMENT Doctor's Statement # 21.

BY AFFIDAVIT OF Funeral Director

William R. Brown, MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b 2 5 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3621 Warwick Blvd. McCarty Nursing Home		d. STREET ADDRESS (If outside, give location) 4109 Charlotte Street 5618 Lydia Avenue	
3. NAME OF DECEASED (Type or print) First RENA Middle Bell Last FERGUSON		4. DATE OF DEATH Month November Day 2 Year 1962	
5. SEX Female	6. COLOR OR RACE Cauc.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH April 16 1898 9. AGE (last birthday) 84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker-At Home		10b. KIND OF BUSINESS OR INDUSTRY Herself	11. BIRTHPLACE (City and state or country) Cookville, Tenn.
12. CITIZEN OF WHAT COUNTRY U. S. A.		14. NAME OF HUSBAND OR WIFE Arthur Ferguson	
13a. FATHER'S NAME John L. Robison		13b. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -----	
17. INFORMANT Mrs. Edward Freeman, Kansas City, Mo.		Address 5618 Lydia Avenue	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hodgkin's Disease Cause unknown Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral & Generalized Arterio Sclerosis DUE TO (c) -----			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral & Generalized Arterio Sclerosis			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 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. Hour 1:50 a.m. p.m. Month, Day, Year July 1962 to 2 Nov 62		20f. CITY, TOWN, OR LOCATION Prairie Village, KS. COUNTY Mo. STATE KS.	
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.)	
21. I attended the deceased from July 1962 to 2 Nov 62 and last saw her alive on Oct 18, 1962 Death occurred at 1:50 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) William R. Brown M.D.		22b. ADDRESS 2501 Miss. on RA, Prairie Village, KS.	
22c. DATE SIGNED 2 Nov 62		22d. LOCATION (City, town, or county) (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-3-1962	23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery Kansas City, Mo.	
23d. LOCATION (City, town, or county) (State)		23e. DATE RECD. BY LOCAL REG. 11-2-62	
24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo.		26. REGISTRAR'S SIGNATURE Arthur Long	

USE BLACK INK OR TYPEWRITER RIBBON

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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 *William M. Denny*

Licensed Embalmer No. 3564

P. O. Address R. E. 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.

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF PUBLIC HEALTH
MEMPHIS, TENNESSEE