MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006176

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 80

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

FILED MAR 11 1963

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Clinton
Length of stay in 1b: 1 Day
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Clinton Gen. Hospital
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Clinton Gen. Hosp.
Inside Limits: Yes ☒ No ☐
Reside on Farm: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Henry
c. CITY OR TOWN: Clinton
Inside Limits: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First TIMOTHY Middle ALLEN Last FERGUSON

4. DATE OF DEATH: Month March Day 6 Year 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3-5-63

9. AGE (last birthday): —
IF UNDER 1 YEAR: Months — Days 1
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (City and state or country): Clinton Mo

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: TIMOTHY FERGUSON

13b. MOTHER'S MAIDEN NAME: MARJORIE L McCALL

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.

17. INFORMANT: Timothy Ferguson Address: Clinton 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) Hyaline Membrane Disease — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
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. ☐ 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 3-5-63 to 3-6-63 and last saw her/him alive on 3-5-63
Death occurred at 3A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Richard H. Kang M.D. (Degree or title)

22b. ADDRESS: 106 S. 3rd Clinton Mo

22c. DATE SIGNED: 3/6/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 3-7-63

23c. NAME OF CEMETERY OR CREMATORY: Englewood

23d. LOCATION (City, town, or county) (State): Clinton Mo.

24. FUNERAL DIRECTOR: F.L. Schaberg ADDRESS: Clinton Mo.

25. DATE RECD. BY LOCAL REG.: MAR. 6-1963

26. REGISTRAR'S SIGNATURE: Mildred Bigumo

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0425		
2	0425		
3			
4	0		
5	0		
6			
7	0		
8	0		
9	773.0		
10			
11			
12	1-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

Permit obtained 3-6-63 (MB)

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 F L Schobing

Licensed Embalmer No. 4513

P. O. Address Clinton 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.