

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-028852**

**FILED VS AUG 24 1959**

Registration District No. 137 Primary Registration District No. \_\_\_\_\_ Registrar's No. 214

STATE FILE NUMBER

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Henry</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> . COUNTY <b>Henry</b>                     |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Windsor</b>  |   | Length of stay in 1b<br><b>2 yrs.</b>   | c. CITY OR TOWN <b>Windsor</b><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Miller Rest Home</b>  |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location) <b>504 W. Benton</b><br>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>Daniel Vint Ferguson</b>  |   |   | 4. DATE OF DEATH<br>Month Day Year<br><b>August 16, 1959</b>   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Jan. 26, 1878</b>   |
| 9. AGE (last birthday)<br><b>81</b>  |   | IF UNDER 1 YEAR<br>Months Days  | IF UNDER 24 HR<br>Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Benton County</b>   | 11. BIRTHPLACE (City and state or country)<br><b>U.S.A.</b>  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |   | 13. NAME OF HUSBAND OR WIFE<br><b>Bessie Walkup Ferguson</b>  |  |
| 13a. FATHER'S NAME<br><b>Samuel Ferguson</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Ellis Owens</b>   |  |
| 14. NAME OF DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |   | 15. SOCIAL SECURITY NO.<br><b>None</b>  |  |
| 16. INFORMANT<br><b>Sam. D. Ferguson, Lawrence, Kansas</b>   |   | Address   |  |
| 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 Myocardial Failure</b>  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 days</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Arteriosclerosis &amp; Arteriosclerotic Heart Disease</b>  |   |   | <b>5-6 yrs.</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.<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 Month, Day, Year<br>a.m. p.m.  |   |   |  |
| 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>Sept. 15, 1953</b> to <b>Aug. 16, '59</b> and last saw her/him alive on <b>Aug. 15, '59</b><br>Death occurred at <b>4:35</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><i>Clifford M. Shurbert</i>  |   | 22b. ADDRESS<br><b>Windsor, Missouri</b>  | 22c. DATE SIGNED<br><b>8-17-59</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>8-18-1959</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Laurel Oak Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Windsor, Missouri</b>  |
| 24. FUNERAL DIRECTOR<br><b>Clifford Gouge, Windsor, Mo.</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>Aug. 17-1959</b>   | 26. REGISTRAR'S SIGNATURE<br><i>Mildred Bigum</i>  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Clifford Louze  
Licensed Embalmer No. 5014  
P. O. Address Windsor,

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.