

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006176

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

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) <u>Missouri</u> b. COUNTY <u>Henry</u> | |
| b. CITY (If outside corporate limits, give township only) <u>Clinton</u> | | Length of stay in 1b <u>1 Day</u> | c. CITY OR TOWN <u>Clinton</u> |
| FULL NAME OF (If not in hospital, give location) <u>Clinton Gen. Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (if outside, give location) <u>Clinton Gen. Hosp.</u> |
| 3. NAME OF DECEASED (Type or print) First <u>TIMOTHY</u> Middle <u>ALLEN</u> Last <u>FERGUSON</u> | | 4. DATE OF DEATH Month <u>March</u> Day <u>6</u> Year <u>1963</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>3-5-63</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
| 13a. FATHER'S NAME <u>TIMOTHY FERGUSON</u> | | 13b. MOTHER'S MAIDEN NAME <u>MAJORIE L. MASCALL</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u> | | 17. INFORMANT <u>Timothy Ferguson</u> Address: <u>Clinton Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hyaline Membrane Disease</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs</u> |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u>3:30</u> a.m. <u>3</u> p.m. <u>0</u> Month, Day, Year <u>3-5-63</u> | | 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 <u>Clinton</u> COUNTY <u>MO.</u> STATE <u>MO.</u> | |
| 21. I attended the deceased from <u>3-5-63</u> to <u>3-6-63</u> and last saw her alive on <u>3-5-63</u> . Death occurred at <u>3A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Richard H. King M.D.</u> (Degree or title) | | 22b. ADDRESS <u>106 S. 3rd Clinton Mo</u> | |
| 22c. DATE SIGNED <u>3/6/63</u> (State) | | 22d. LOCATION (City, town, or county) <u>Clinton Mo.</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>3-7-63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Englewood</u> | |
| 24. FUNERAL DIRECTOR <u>F.L. SCHABER</u> ADDRESS <u>CLINTON MO.</u> | | 25. DATE RECD. BY LOCAL REG. <u>MAR. 6-1963</u> | 26. REGISTRAR'S SIGNATURE <u>Mildred Biguno</u> |

USE BLACK INK OR TYPEWRITER RIBBON

FILED MAR 11 1983

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Permit Obtained 3-6-63

(1213)

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.