

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH 6126

State File No. 15233

FILED MAY 1 1956

BIRTH NO. _____ REG. DIST. NO. 334 PRIMARY REG. DIST. NO. 6136 Registrar's No. 367

1. PLACE OF DEATH a. COUNTY <u>SHANNON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SHANNON</u>	
b. CITY OR TOWN <u>MIDRIDGE</u>		c. CITY OR TOWN <u>MIDRIDGE</u>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>OWN HOME</u>		STREET ADDRESS (If rural, give location) <u>GANG ROUTE 1010</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>IUA</u>		b. (Middle) <u>ELIZABETH</u>	
c. (Last) <u>FERGUSON</u>		4. DATE OF DEATH <u>4 18 56</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED; NEVER MARRIED; WIDOWED; DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>MAY 6, 1880</u>
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>DANIEL E. SHIPPARD</u>		13b. MOTHER'S MAIDEN NAME <u>SUSAN LAWSON</u>	
13c. NAME OF HUSBAND OR WIFE <u>DAVID SAMSON FERGUSON</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>DAVID SAMSON FERGUSON</u>		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>occlusion and or coronary thrombosis,</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES (heart failure)		DUE TO (b) _____	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at <u>5 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. A. Despain, Magistrate</u> Degree or title _____		23b. ADDRESS <u>Commerce, Mo.</u>	
23c. DATE SIGNED <u>4-30-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4-20-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Knuckles</u>	
24d. LOCATION (City, town, or county) <u>Midridge, Mo</u>		(State) _____	
DATE REC'D BY LOCAL REG. <u>4-30-56</u>		REGISTRAR'S SIGNATURE <u>W. A. Despain</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas S. Pruitt</u>		ADDRESS <u>Ellington</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Chas S. Penitt*.....

Licensed Embalmer No. *457*.....

P. O. Address *Ellington*.....

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.