

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025291
STATE FILE NUMBER

FILED JUL 29 1958 Registration District No. 143 Primary Registration District No. 4232 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Willow Springs, Mo.		c. CITY OR TOWN Willow Springs 04660	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First JAMES Middle BRYANT Last FERGUSON		4. DATE OF DEATH Month July Day 18 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 14, 1880
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Druggist		9b. KIND OF BUSINESS OR INDUSTRY Drug Store	9c. AGE (In years last birthday) 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Druggist		10b. KIND OF BUSINESS OR INDUSTRY Drug Store	10c. BIRTHPLACE (City and state or country) Willow Springs, Mo.
11. BIRTHPLACE (City and state or country) Willow Springs, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME James A. Ferguson		14. MOTHER'S MAIDEN NAME Arenia Parthenia Featheringill	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Maude Ferguson Willow Springs		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory failure			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral vascular accident, thrombosis			
DUE TO (c) Generalized Arteriosclerosis			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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.) 332X	
20c. TIME OF INJURY Hour 8:30 a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Willow Springs, Howell, Mo.	
21. I attended the deceased from July 1, 1958 , to July 18, 1958 and last saw him alive on July 18, 1958 Death occurred at 8:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M.C. Walton M.D.		22b. ADDRESS Willow Springs, Mo.	
22c. DATE SIGNED 7/20/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/20/58	23c. NAME OF CEMETERY OR CREMATORY Wity Cemetery	23d. LOCATION (City, town, or county) (State) Willow Springs, Mo.
24. FUNERAL DIRECTOR Burns Willow Springs, Mo.		25. DATE RECD. BY LOCAL REG. 7/26/58	26. REGISTRAR'S SIGNATURE Marshall Bell

300 1-56 460
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

Fred W. Barnes
Signed Fred W. Barnes.....

Licensed Embalmer No. 4614

P. O. Address Willow Spr.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.