

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

14960  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 417  
(b) Township \_\_\_\_\_ Primary Registration District No. 3021 Registered No. 35  
(c) City Webb City (d) Street No. 310 N. PENN. St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Orben Lully Ford 650

(a) Residence, No. 810 North Main St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
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OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ben Linnville, Ark.

FATHER 13. NAME Dick M. Cusdy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data

MOTHER 15. MAIDEN NAME No data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data

17. INFORMANT (NAME) (ADDRESS) Klaus Roger Riddle  
Webb City, Mo

18. BURIAL, CREMATION, OR REMOVAL Webb City Cemetery DATE April 24, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wedge Nelson  
Webb City, Mo

20. FILED APR. 23. 38 19 Ed J. Schell, M.D.  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
I last saw her alive on Apr. 23, 1938 Death is said to have occurred on the date stated above, at 2:00 a.m. 4/22/38  
The principal cause of death and related causes of importance were as follows:

Heart Beach Date of onset  
Other contributory causes of importance: OSA

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) A. S. Winchester, Coronar M. D.  
397 (Address) Joplin, Mo.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A TEMPORARY RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X1204

STATEMENT BY LICENSED EMBALMER

I, E. D. Hedge, Licensed Embalmer No. 2859

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed E. D. Hedge

Licensed Embalmer No. 2859

**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.)**