

FILED MAR 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8985

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No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived.) If institution: residence before admission. a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Higginsville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Higginsville</u>	
c. LENGTH OF STAY (In this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) <u>Sallie</u> (First)		b. (Middle) <u>Ford</u> c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>2-14-1949</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 28-1877</u>
9. AGE (In years last birthday) <u>71</u>	10. MONTHS <u>8</u>	11. DAYS <u>15</u>	12. IF UNDER 1 YEAR IF UNDER 11 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Higginsville</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Sam Elmore</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Elmore</u>	
13c. NAME OF HUSBAND OR WIFE <u>Johnnie Ford</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Johnnie Ford</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis &amp;</u> DUE TO (c) <u>Hypertension</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4500</u>	
18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>4 1/2 hrs</u> <u>4</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Higginsville, Lafayette, Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 <u>3/14</u> , 19 <u>49</u> , to <u>3/14</u> , 19 <u>49</u> that I last saw the deceased alive on <u>3/14</u> , 19 <u>49</u> , and that death occurred at <u>4:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degrees or title) <u>Walter Koppentm. Jr. M.D.</u>		23b. ADDRESS <u>Higginsville, Missouri</u>	
23c. DATE SIGNED <u>3/15/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-17-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Higginsville Mo.</u>
DATE REC'D BY LOCAL REG. <u>March 21-49</u>	REGISTRAR'S SIGNATURE <u>Clayton W. Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. J. Lee</u>
		ADDRESS <u>Lafayette Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number .....

Date Filed 3-29-49

856: 3-29-49

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 .....  
Student Embalmer

Signed George L. Green

Licensed Embalmer No. 4220

P. O. Address Lebanon 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 this body is not embalmed, fact should be so stated above.