

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

19533

2718

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tranas City (1)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blue Springs</u>	
c. LENGTH OF STAY (in this place) <u>2 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>X</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ollie</u> b. (Middle) <u>C</u> c. (Last) <u>Ford</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 22 1949</u>
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5. SEX <u>Fm</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow's</u>	8. DATE OF BIRTH <u>May 13 1870</u>	9. AGE (In years last birthday) <u>79</u>	10. UNDER 1 YEAR Months <u>19</u> Days _____	11. UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Jackson Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>R.A. Major</u>	13b. MOTHER'S MAIDEN NAME <u>Rachiel Habrick</u>	14. NAME OF HUSBAND OR WIFE <u>Wm Ford</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm R.L. Plympton</u>	ADDRESS <u>1944 E 71st K.C. Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>  <u>3 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma right breast</u> <u>Post-operative</u>		<u>4</u>	<u>MOA</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of rt. Breast c Axillary metastases</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from June 7, 1949, to June 22, 1949, that I last saw the deceased alive on June 22, 1949, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter Cummins</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1612 Prsq. Bldg.</u>	23c. DATE SIGNED <u>June 25, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 24 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blue Springs</u>	24d. LOCATION (City, town, or county) (State) <u>Blue Springs Mo</u>
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DATE REC'D BY LOCAL REG. <u>6-23-49</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm R. B. White</u>	ADDRESS <u>Blue Springs</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 R. B. Wecht.....

Licensed Embalmer No. 2353.....

P. O. Address Blue Springs 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.