

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23935**

DUPLICATE
FILED JUL 25 1950

BIRTH NO. _____ REG. DIST. NO. **382** PRIMARY REG. DIST. NO. **5655** Registrar's No. **354**

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mount Vernon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monroe City	
c. LENGTH OF STAY (in this place) 398 days		d. STREET ADDRESS (If rural, give location) 629 S. Davis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. State Sanit			

3. NAME OF DECEASED (Type or Print) a. (First) Leta	b. (Middle)	c. (Last) Ford	4. DATE OF DEATH (Month) (Day) (Year) 7 - 7 - 50
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-24-02	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Engle	13b. MOTHER'S MAIDEN NAME Amanda May Lamb	14. NAME OF HUSBAND OR WIFE Edward B. Ford
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) Unknown (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Ruby Ann Wilson, Missouri State San. Mt. Vernon, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Abt 13 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>
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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 **6-3-** **1949**, to **7-7-** **1950**, that I last saw the deceased alive on **7-7-** **1950**, and that death occurred at **1:42 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS Mount Vernon, Mo. Missouri State Sanatorium	23c. DATE SIGNED 7-7-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-20-50	24c. NAME OF CEMETERY OR CREMATORY Hayti, Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 7-20-50	REGISTRAR'S SIGNATURE Cecil Hendricks	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Jossett F Home Mt V Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1550

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUL 24 1950

Dist File 750-863

Date Filed 7-24-50

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 N. D. Fossett

Licensed Embalmer No. 2201

P. O. Address mt Vernon 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.