

No. 300
10.48

FILED OCT 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29970

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 4158 Registrar's No. 60

1. PLACE OF DEATH
a. COUNTY Dallas
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Buffalo
c. LENGTH OF STAY (in this place) _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO b. COUNTY Dallas
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Buffalo 0300
d. STREET ADDRESS (If rural, give location) _____

3. NAME OF DECEASED (Type or Print)
a. (First) James b. (Middle) L. c. (Last) Ford

4. DATE OF DEATH (Month) (Day) (Year)
Sept. 19-1950

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH July 20-1880

9. AGE (In years last birthday) 70 IF UNDER 1 YEAR: Months 1 Day 159 IF UNDER 4 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
John Ford Kansas City Mo.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause* (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Liver
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
1 1/2 yrs
1570A

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) O. S. Saffin MD

23b. ADDRESS Buffalo Mo

23c. DATE SIGNED 12 Sept 50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9-21-1950

24c. NAME OF CEMETERY OR CREMATORY Oak Lawn

24d. LOCATION (City, town, or county) (State) Buffalo Mo

DATE REC'D BY LOCAL REG. 10/7/50

REGISTRAR'S SIGNATURE Rose J. B. Jones 80

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Montgomery-Vaughan Buffalo Mo

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

300

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

RECEIVED **OCT 9 1950**
Dist. File 1050-2064
Date Filed 10-9-50

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 Blyde Montgomery
Licensed Embalmer No. 3592

P. O. Address Buffalo, 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.