

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30119**

BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021** Registrar's No. **93**

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Grundy | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Grundy | |
| b. CITY (If outside corporate limits, write RURAL and give town) Trenton | | c. CITY (If outside corporate limits, write RURAL and give township) 040d Trenton | |
| c. LENGTH OF STAY (in this place) 11e | | d. STREET ADDRESS (If rural, give location) 1321 Donaldson St. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1321 Donaldson St. | | | |

| | | | | | | | |
|--|--|--|----------------------|-----------------------|---|--|--|
| 3. NAME OF DECEASED a. (First) Alfred (Type or Print) | | | b. (Middle) I | c. (Last) LORD | 4. DATE OF DEATH (Month) (Day) (Year) July 12 1950 | | |
|--|--|--|----------------------|-----------------------|---|--|--|

| | | | | | | | | |
|--------------------|---------------------------|---|-------------------------------------|---|--------------------------------|---------------------|-------------------------------|--------------|
| 5. SEX Male | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH MAY 30 1878 | 9. AGE (In years last birthday) 72 | # UNDER 1 YEAR Months 1 | YEAR Days 13 | # UNDER 18 HRS. Hours | Min. |
|--------------------|---------------------------|---|-------------------------------------|---|--------------------------------|---------------------|-------------------------------|--------------|

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith | | 10b. KIND OF BUSINESS OR INDUSTRY Metal works | | 11. BIRTHPLACE (State or foreign country) Trenton, Grundy Co. Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
|---|--|--|--|--|--|--|--|

| | | | | | | | |
|--------------------------------------|--|---|--|---|--|--|--|
| 13a. FATHER'S NAME Henry Lord | | 13b. MOTHER'S MAIDEN NAME Vietta Coles | | 14. NAME OF HUSBAND OR WIFE IDA MAE LORD | | | |
|--------------------------------------|--|---|--|---|--|--|--|

| | | | | | | | |
|--|--|-------------------------------------|--|---|--|--|--|
| 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. NONE | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS IDA MAE LORD Trenton, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease | | | | | | | |
| | | 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. | | | | | | 4200 | |

| | | | | | | | | | |
|------------------------|--|----------------------------------|--|--|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
|------------------------|--|----------------------------------|--|--|--|--|--|--|--|

| | | | | | |
|--|--|--|--|---|--|
| 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) | | 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 **on 7-12 1950, as coroner**, that I last saw the deceased alive on _____, 19____, and that death occurred at **4A** m., from the causes and on the date stated above.

| | | | | | |
|---|--|--------------------------------|--|-----------------------------------|--|
| 23a. SIGNATURE Mrs. Susan W.D.O. (Degree or title) | | 23b. ADDRESS Trenton Mo | | 23c. DATE SIGNED 7-15-1950 | |
|---|--|--------------------------------|--|-----------------------------------|--|

| | | | | | | | |
|---|--|-------------------------------|--|--|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE July 15 1950 | | 24c. NAME OF CEMETERY OR CREMATORY Maple Grove Cemetery | | 24d. LOCATION (City, town, or county) (State) Trenton, Mo. | |
|---|--|-------------------------------|--|--|--|---|--|

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. 7-16-50 | | REGISTRAR'S SIGNATURE Jane Juen 115 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Davis - Blackmore Trenton, Mo | | | |
|---|--|--|--|---|--|--|--|

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



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 _____

J. Gordon Blackman

Licensed Embalmer No. *4602*

P. O. Address *Trenton, Missouri*

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.