

No. 300
10. 48

FILED OCT 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Rolland Smith 30241
State File No. 29

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 5537 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pomona, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pomona, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		c. LENGTH OF STAY (In this place) 1 Year	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS R. Duncan	

3. NAME OF DECEASED (Type or Print) a. (First) Floyd b. (Middle) Ford c. (Last) Ford			4. DATE OF DEATH (Month) (Day) (Year) Oct, 2 1950		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 8 1892	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kansas	
12. CITIZEN OF WHAT COUNTRY USA					

13a. FATHER'S NAME Washington Ford	13b. MOTHER'S MAIDEN NAME Amy Jones	14. NAME OF HUSBAND OR WIFE Grace Ford
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes War I & II	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Grace Ford, Mountain View, Mo	ADDRESS
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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, 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) CORONARY THROMBOSIS		
	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.		4201	

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) m.	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 _____, 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 Rebecca A. Smith, M.D. CORONER	(Degree or title)	23b. ADDRESS Howell Co West Plains, Mo	23c. DATE SIGNED 10/10/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 6 50	24c. NAME OF CEMETERY OR CREMATORY Mtn View Cem.	24d. LOCATION (City, town, or county) (State) Mountain View, Mo
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DATE REC'D BY LOCAL REG. 10-11-50	REGISTRAR'S SIGNATURE Laura Mitchell	25. FUNERAL DIRECTOR'S SIGNATURE 126 Duncan Funeral Home	ADDRESS Mtn View, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

460

DIVISION OF HEALTH OF MO.
DISTRICT NO. 5 - Springfield

RECEIVED

OCT 13 1953

Dist. File 1050-2093
Date Filed 10-13-50

NOV 1 9 1953

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed

Joe R. Duncan

Licensed Embalmer No. 4325

P. O. Address Waverly, 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.