

FILED JAN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

41430

State File No.

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5715 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>MCDONALD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MCDONALD</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>JANE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>JANE</u>	
c. LENGTH OF STAY (in this place) <u>1044</u>		d. STREET ADDRESS (If rural, give location) <u>NONE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>NANCY</u> b. (Middle) <u>- ELIZABETH</u> c. (Last) <u>FORD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-14-1950</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>5-11-1923</u>	9. AGE (In years last birthday) <u>27</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>3</u> IF UNDER 12 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>	11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>ABEL-JACKSON</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>HARVEY-L-FORD</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u></u> ADDRESS <u></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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Old Age Multiple Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>443X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Hypertension</u>		
	DUE TO (c) <u>arterio sclerosis Old Age</u>		
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) (Min.)	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 11-1-1949 to 11-14-1950, that I last saw the deceased alive on 11-1-1950, and that death occurred at 7:45A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>James L. Jackson M.D.</u> (Degree or title)	23b. ADDRESS <u>Beumont Ave.</u>	23c. DATE SIGNED <u>11-29-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>11-16-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>JANE</u>	24d. LOCATION (City, town, or county) (State) <u>JANE-MO</u>
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DATE REC'D BY LOCAL REG. <u>12-1-50</u>	REGISTRAR'S SIGNATURE <u>Maxwell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. W. Humphrey</u> ADDRESS <u>Beumont Ave.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0600

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

RECEIVED JAN 5 1951

Dist. File 151-52

Date Filed 1-6-51

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 A. M. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Twel. 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.