

FILED JUN 16 1951

STANDARD CERTIFICATE OF DEATH

State File No. 21799

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) Shelbina		c. CITY (If outside corporate limits, write RURAL and give township) Shelbina	
c. LENGTH OF STAY (If applicable) 15 years		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) William Price Ford			4. DATE OF DEATH (Month) (Day) (Year) June 5, 1951			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 13, 1863	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months Days	IF UNDER 24 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 Own Farm		11. BIRTHPLACE (State or foreign country) Shelby, County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William J. Ford		13b. MOTHER'S MAIDEN NAME Rhoda Jane Burkes		14. NAME OF HUSBAND OR WIFE Mary Ellen Ford	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> No		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Helen Ford ADDRESS Shelbina 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	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"/>	
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) 3324	
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?	

22. I hereby certify that I attended the deceased from June 4, 1951, to June 5, 1951, that I last saw the deceased alive on June 5, 1951, and that death occurred at 4:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard A. Bihalevich, D.O.		23b. ADDRESS Shelbina, Mo		23c. DATE SIGNED June 6, 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-7-51		24c. NAME OF CEMETERY OR CREMATORY Shelbina Cemetery	
				24d. LOCATION (City, town, or county) (State) Shelbina, Missouri	

DATE REC'D BY LOCAL REG. June 9-51		REGISTRAR'S SIGNATURE Ada Garrison 419		25. FUNERAL DIRECTOR'S SIGNATURE E Hayes ADDRESS Shelbina, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Date Received: JUN 1 1 1951
DISTRICT HEALTH OFFICE #2
District File Number 6-51-108
Date Filed: JUN 1 4 1951

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.