

FILED SEP 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26912
3652

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.				
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson						
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (in this place) 15 YRS.		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		21148				
d. FULL NAME OF HOSPITAL OR INSTITUTION 2833 BALTIMORE				d. STREET ADDRESS (If rural, give location) 2833 BALTIMORE 240						
3. NAME OF DECEASED (Type or Print) F. M. F. F.			a. (First) F. M.		b. (Middle) F.		c. (Last) F.			
4. DATE OF DEATH (Month) (Day) (Year) AUG. 26 1951		5. SEX 0 MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH SEPT. 15, 1912		
9. AGE (In years if under 1 year last birthday) 38		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRINTER-DEORATOR		10b. KIND OF BUSINESS OR INDUSTRY SHEFFIELD STEEL		11. BIRTHPLACE (State or foreign country) CARTHAGE, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Roy S. FORD			13b. MOTHER'S MAIDEN NAME - HOPPER.			14. NAME OF HUSBAND OR WIFE HELEN FORD				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO.		16. SOCIAL SECURITY NO. 490-10-2125		17. INFORMANT'S SIGNATURE OR NAME MRS. HELEN FORD				ADDRESS 2833 BALTIMORE		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) massive subdural & subarachnoid hemorrhage								
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hemorrhage								
		DUE TO (c) Ruptured aneurysm, cerebral								
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						330X		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural		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) (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 _____, 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 Hugh H. OWENS (Degree or title) Hugh H. Owens, Coroner				23b. ADDRESS 1034 Piatt Blvd			23c. DATE SIGNED 8-26-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG 28 1951		24c. NAME OF CEMETERY OR CREMATORY -		24d. LOCATION (City, town, or county) (State) CARTHAGE MO				
DATE REC'D BY LOCAL REG. 8-27-51		REGISTRAR'S SIGNATURE M. W. Newbauer			25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newbauer				ADDRESS New City	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 8 1937

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 *Raymond L. Daniel*

Licensed Embalmer, No. *4707*

P. O. Address *Kansas City, 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.