No. 300
10.48

FILED SEP 28 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

30591

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 182

493
0

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

**1. PLACE OF DEATH**
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
c. LENGTH OF STAY (in this place): 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McCune-Brooks Hospital-

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
0493
0
d. STREET ADDRESS (If rural, give location): 407 E. Fourth St.

**3. NAME OF DECEASED** (Type or Print)
a. (First): ROY
b. (Middle): SPILLMAN
c. (Last): FORD

**4. DATE OF DEATH** (Month) (Day) (Year): Sept 19, 1951

**5. SEX**: male 0
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): married 1
**8. DATE OF BIRTH**: Aug 8, 1890
**9. AGE** (In years last birthday): 61 — 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): ret. powder worker
**10b. KIND OF BUSINESS OR INDUSTRY**: Hercules Powder
**11. BIRTHPLACE** (State or foreign country): Co near Pierce City, Mo 0
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Benjamin Ford
**13b. MOTHER'S MAIDEN NAME**: Alice Pipkin
**14. NAME OF HUSBAND OR WIFE**: Flossie Hopper Ford

**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.**: 490-10-1369
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Mrs. R.S.Ford, 407 E.4th, Carthage, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): INTESTIONAL OBSTRUCTION (Rt. Colon)

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): RETROPERITONEAL HEMATOMA (ETIOLOGY NOT DETERMINED)
DUE TO (c): 578X

II. OTHER SIGNIFICANT CONDITIONS: DICUMERAL INTOXICATION, AURICULAR FIBRILLATION, CHOLECYSTITIS AND CHOLELITHIASIS
*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☒ NO ☐

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 9-7, 1951, *to* 9-19, 1951, *that I last saw the deceased alive on* 9-19, 1951, *and that death occurred at* 2:45p *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): [signature] MD 0
**23b. ADDRESS**: Carthage, Mo
**23c. DATE SIGNED**: 9-20-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): burial 0
**24b. DATE**: Sept 21, 1951
**24c. NAME OF CEMETERY OR CREMATORY**: Park Cemetery
**24d. LOCATION** (City, town, or county) (State): Carthage, Mo

**DATE REC'D BY LOCAL REG.**: 9-20-51
**REGISTRAR'S SIGNATURE**: [signature] 139 MD
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Knell Mortuary, Carthage, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-27-51
Jasper County Health Office

County File Number 51/9/760
Date Filed 9-27-51

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**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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, 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.