

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 13 1951

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 4519 Registrar's No.

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>TEXAS</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Texas</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Cabool</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Cabool</u> <u>1021</u> | |
| c. LENGTH OF STAY (In this place) <u>48</u> | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

| | | | | | | |
|--|----------------------------|---|--|---|-----------------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>R.</u> c. (Last) <u>FORD</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 29 1951</u> | | | |
| 5. SEX <u>m.</u> | 6. COLOR OR RACE <u>w.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Dec 11 1902</u> | 9. AGE (In years last birthday) <u>48</u> | IF UNDER 1 YEAR Months Days | IF UNDER 4 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Cabool Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |

| | | | | | |
|---|--|---|--|--|--|
| 13a. FATHER'S NAME <u>Taylor Ford</u> | | 13b. MOTHER'S MAIDEN NAME <u>ELLA HUFFMAN</u> | | 14. NAME OF HUSBAND OR WIFE <u>Jessie Ford Cabool Mo</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ms. Jessie Ford. Cabool Mo.</u> | |

| | | | |
|--|---|--|--|
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION. | | INTERVAL BETWEEN ONSET AND DEATH <u>E 976</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot in neck</u> | | |
| | 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. <u>Self inflicted with 12 gauge shot gun.</u> | | | |
| 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) <u>Suicide</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cabool Texas Mo</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 29 1951 5p.m.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Self inflicted with 12 Gauge Shot gun</u> |

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 5:30 P.M., from the causes and on the date stated above.

| | | | | | |
|--|--|--|--|---|--|
| 23a. SIGNATURE (Degree or title) <u>Gaylord V. Elliott</u> (Coroner) | | 23b. ADDRESS <u>Cabool Mo</u> | | 23c. DATE SIGNED <u>Oct 30/51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Oct 30. 51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Cabool</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Cabool Mo.</u> | | DATE REC'D BY LOCAL REG. <u>10-30-51</u> | | REGISTRAR'S SIGNATURE <u>Gaynell Cunningham</u> 323 | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Gaylord V. Elliott</u> | | ADDRESS <u>Cabool Mo.</u> | | | |

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

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

RECEIVED NOV 5 1951

Dist. File 1137-1938

Date Filed 11-9-51

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Frederic V. Ellett

Licensed Embalmer No. 2252

P. O. Address Calool

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.