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

FILED APR 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11868

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 154

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kirksville
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) A.S.O. Hosp't

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Sullivan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Milan - Mo
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Lora
b. (Middle) Bessie
c. (Last) Ford

4. DATE OF DEATH (Month) (Day) (Year) 4 - 19 - 52

5. SEX Fem
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH 9-24-1893
9. AGE (In years last birthday) 58 — IF UNDER 1 YEAR: Months 6 Days 25 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Milan Mo
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Wm T. Ford
13b. MOTHER'S MAIDEN NAME Lydia L. Williams
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Golda Ford — ADDRESS Milan - 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) Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH 1hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auricular fibrillation
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Obesity (500+ pounds) Abdominal Ascites.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4331
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* 4-18, 1952, *to* 4-19-, 1952, *that I last saw the deceased alive on* 4-19, 1952, *and that death occurred at* 11:25 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE Claus A. Rohweder, D.O. (Degree or title)
23b. ADDRESS Kirksville, Mo.
23c. DATE SIGNED 4-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-21-1952
24c. NAME OF CEMETERY OR CREMATORY Henry Cem.
24d. LOCATION (City, town, or county) (State) Regan Mo

DATE REC'D BY LOCAL REG. 4-21-52
REGISTRAR'S SIGNATURE Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE Bellows Funeral Home — ADDRESS Milan - Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Dwight Schaeme

Licensed Embalmer No. 2667

P. O. Address Milan - Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.