

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

28615

State File No.

FILED SEP 8 - 1952

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u> <u>0542</u>	
c. LENGTH OF STAY (In this place) <u>1 wk.</u>		d. STREET ADDRESS (If rural, give location) <u>1954 Poplar St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lexington Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BLANCHE</u> b. (Middle) <u>M.</u> c. (Last) <u>FORD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 26, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 25, 1893</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ray County, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Parker</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Thomas</u>	14. NAME OF HUSBAND OR WIFE <u>Horice C. Ford</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>H.C. Ford, Lexington, Missouri.</u>	ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u> <u>Coumby Thrombosis</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>260x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from March 31, 1948, to Aug 26, 1952, that I last saw the deceased alive on 26 Aug, 1952, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. W. W. ...</u>	(Degree or title) <u>Dr.</u>	23b. ADDRESS <u>1315 Franklin Ave. Lexington Mo.</u>	23c. DATE SIGNED <u>August 29, 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>August 28, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mechpelah</u>	24d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>8-30-52</u>	REGISTRAR'S SIGNATURE <u>M. W. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>...</u>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 4 1948

22

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.