

No. 300
10.48

FILED OCT 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31197

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BIRTH NO. 41233 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett 035,2</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Presnell Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>1012 N. Baldwin</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ronald</u> b. (Middle) <u>Lee</u> c. (Last) <u>Ford</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 27-1952</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>July 4-1952</u>	9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>28</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Kennett Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Sidney Ford</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Ruth Bell</u>		14. NAME OF HUSBAND OR WIFE <u>None</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. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ethel James Kennett, 740.</u>			
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Sarcocystis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 9-26, 1952, to 9-27, 1952, that I last saw the deceased alive on 9-27, 1952, and that death occurred about m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L.C. Wilson, M.D.</u>	23b. ADDRESS <u>Kennett, Mo</u>	23c. DATE SIGNED <u>10-1-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-28-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett, Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-1-52</u>	REGISTRAR'S SIGNATURE <u>Earl Hubbard</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>San Y. Devier Kennett, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT10-3-52.....

COUNTY FILE NUMBER 1052-271

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.....

Signed.....
Student Embalmer

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.