

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7007

State File No.

750
1

MAR 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 4386 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Oregon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Oregon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Thayer		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Thayer	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) CHLOE b. (Middle) L. c. (Last) FORD			4. DATE OF DEATH (Month) (Day) (Year) Feb. 25, 1953
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 12, 1878
9. AGE (In years last birthday) 75		10. IF UNDER 1 YEAR Months 13	11. IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Linden, Tenn.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Patrick Cotton		13b. MOTHER'S MAIDEN NAME Ellen Dobbs	
14. NAME OF HUSBAND OR WIFE B. F. Ford, dec.			
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.	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Helen Old		ADDRESS Thayer, 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, asthma, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary 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>The condition</u> DUE TO (c) <u>Smoking</u> 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 <u>4/201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 1, 1952</u> , to <u>Jul 25, 1953</u> , that I last saw the deceased alive on <u>Jul 25, 1953</u> , and that death occurred at <u>11:30 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Arthur Wolff</u>		23b. ADDRESS <u>Thayer, Mo.</u>	
23c. DATE SIGNED <u>3-5-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/27/53	
24c. NAME OF CEMETERY OR CREMATORY Clifton Cemetery		24d. LOCATION (City, town, or county) (State) Thayer, rural Oregon Mo.	
DATE REC'D BY LOCAL REG. Mar 6, 1953		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard Carter, Thayer Mo</u>	
REGISTRAR'S SIGNATURE <u>Arthur Wolff</u>		ADDRESS	

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

Richard Carter

Licensed Embalmer No. 4516

P. O. Address Shawnee

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.