

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13487

State File No. ....

FILED APR 27 1953

BIRTH NO. _____		REG. DIST. NO. <u>50</u>		PRIMARY REG. DIST. NO. <u>4072</u> Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Camden 0150</u>			2. USUAL RESIDENCE (Where deceased lived, or institution; residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sun Creek, Mo.</u>		c. LENGTH OF STAY (in this place) <u>life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sun Creek</u>		0150
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			d. STREET ADDRESS (If rural, give location) <u>Gen Del</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u>		b. (Middle) <u>Eveline</u>		c. (Last) <u>Ford</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 21-1953</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Aug 20 1876</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTH PLACE (State or Territory) <u>near Camden Mo</u>	12. CITIZENSHIP OF WHAT COUNTRY <u>US</u>		
13a. FATHER'S NAME <u>James M Parish</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Woodswood</u>		14. NAME OF HUSBAND OR WIFE <u>Dr Ford</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gertrude Patton as above</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral Insufficiency</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.			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>410X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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>1952</u> to <u>April 21 1953</u> that I last saw the deceased alive on <u>April 21, 1953</u> , and that death occurred at <u>3:00 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>E. E. Chubbuck M.D.</u>		23b. ADDRESS <u>Camdenton, Mo.</u>		23c. DATE SIGNED <u>4-24-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>April 23-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Sun Creek</u>	24d. LOCATION (City, town, or county) (State) <u>Camden Co Mo</u>		
DATE REC'D BY LOCAL REG <u>Apr 24-1953</u>		REGISTRAR'S SIGNATURE <u>Zilpha Irwin 420</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Banks - Woolery Camden Mo</u>	

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

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

*Dorothy Lawrence*

*Licensed Embalmer*  
Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Abbie Benson Cholera*

Licensed Embalmer No. *2488*

P. O. Address *Candenton, Mo*

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.