

S. No. 300
ev. 10.48

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

State File No. 16789

FILED APR 28 1953

BIRTH NO. _____ REG. DIST. NO. 2291 PRIMARY REG. DIST. NO. 6149 Registrar's No. 7

1030
3

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

1. PLACE OF DEATH a. COUNTY STODDARD		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MISSOURI b. COUNTY BUTLER	
b. CITY (If outside corporate limits, write RURAL and give township) Rural (Duck Creek)		c. CITY (If outside corporate limits, write RURAL and give township) RURAL - ASH HILL	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 3 mi. WEST of FISK	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway #60			

3. NAME OF DECEASED (Type or Print) JOSEPH EDWARD DE FORD			4. DATE OF DEATH (Month) (Day) (Year) 3 - 15 - 1953		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 5, 1928		9. AGE (In years last birthday) 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) IN U.S. ARMY		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME JOSEPH DE FORD		13b. MOTHER'S MAIDEN NAME PEARL YANCY		14. NAME OF HUSBAND OR WIFE KULETA DE FORD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES JUNE 1952 to March 53		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lem De Ford Fisk, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture, broken neck, and internal injuries.		b. Skull fracture, broken neck, and internal injuries.			c. Sudden	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway 60		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Duck Creek Twp. Stoddard, Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 15, 1953		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile and school bus collision.	

22. I hereby certify that I attended the deceased from 1:45 A.M., 1953, to 1:45 A.M., 1953, that I last saw the deceased alive on 1953, and that death occurred at 1:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE W. W. Brainerd (Degree or title) 3 Coroner		23b. ADDRESS Dexter, Missouri		23c. DATE SIGNED 3-16-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 3-16-53		24c. NAME OF CEMETERY OR CREMATORY ASH HILL	
24d. LOCATION (City, town, or county) (State) BUTLER MO.		25. FUNERAL DIRECTOR'S SIGNATURE J. C. White ADDRESS Fisk, Mo.		DATE REC'D BY LOCAL REG. 4/25/53 REGISTRAR'S SIGNATURE Pearl Reed 490	

JUL 26 1956

STATEMENT BY LICENSED EMBALMER

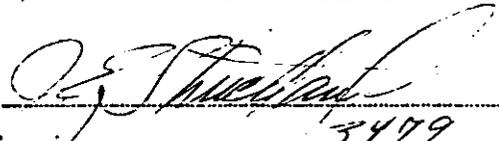
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 3479

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.