

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23290

State File No. \_\_\_\_\_

FILED JUL 8 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1714

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>	
c. LENGTH OF STAY (In this place) <u>Several hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 2, 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>County Hospital</u>			

3. NAME OF DECEASED a. (First) <u>DONNIE</u> b. (Middle) _____ c. (Last) <u>FORD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 20 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>1-20-1934</u>	9. AGE (In years last birthday) <u>19</u> # OVER 1 YEAR Months _____ # OVER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mechanic aircraft</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Clude Ford</u>	13b. MOTHER'S MAIDEN NAME <u>Cecil Geraldine Lorraine Ford</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lorraine Ford</u>	ADDRESS <u>Sikeston Mo</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: <u>TRAUMATIC RUPTURE OF LIVER &amp; SPLEEN</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 hrs</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. <u>FRACTURE LEFT TIBIA &amp; ULNA</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>E 8154</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NEAR McHILLVILLE, ST. LOUIS, MO.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>JUNE 20, 1953 2:15 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>DECEASED STRUCK BY HIGHWAY HIT &amp; RUN DRIVER WHILE OPERATING MOTORCYCLE. ACCIDENT. HE WAS OPERATING MOTORCYCLE.</u>
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22. I hereby certify that I attended the deceased from 6-20, 1953, to 6-20, 1953, that I last saw the deceased alive on 6-20, 1953, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert E. Newton M.D.</u>	23b. ADDRESS <u>601 S. Brentwood Clayton 5, Mo.</u>	23c. DATE SIGNED <u>6-23-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Reinterment</u>	24b. DATE <u>6-20-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sikeston - Mo.</u>	24d. LOCATION (City, town, or county) (State) _____
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DATE REC'D BY LOCAL REG. <u>6-21-53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dando M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Taylor Feltz</u>	ADDRESS <u>Sikeston - Mo.</u>
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REPRODUCED USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1901 0 1901

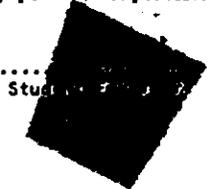
STATEMENT BY LICENSED EMBALMER

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 .....



Signed .....



Licensed Embalmer No. ....

P. O. Address .....



Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to do so the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Enter only one cause per line for (a), (b), and (c)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)

Traumatic rupture of liver + spleen

ONSET (AND DEATH) 9 hrs

\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

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.

Fracture lt. tibia and ulna

9 hrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-20, 1953, to 6-20, 1953, that I last saw the deceased alive on 6-20, 1953 and that death occurred at 11:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

6-21-53

Harold R. Tomb - M.D.

Taylor F.H., Sikeston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Ronald J. York*.....

Licensed Embalmer No.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.