

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23829

State File No. ....

FILED JUL 22 1953

|   |                           |  |                                    |   |
|---|---------------------------|--|------------------------------------|---|
| BIRTH NO. _____   |                           | REG. DIST. NO. <u>13</u>   | PRIMARY REG. DIST. NO. <u>3003</u> | Registrar's No. <u>51</u>   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Barry</u>   |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Lawrence</u>   |                                    |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>  |                           | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon</u>   |                                    |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Vincent Hosp</u>  |                           | d. STREET ADDRESS (If rural, give location) _____  |                                    |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>William</u><br>b. (Middle) <u>Robert</u><br>c. (Last) <u>Ford</u>  |                           | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>July 11 1953</u>   |                                    |   |
| 5. SEX <u>M</u>   | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>  | 8. DATE OF BIRTH <u>Jan-5-1934</u> | 9. AGE (In years) (last birthday) 19 Months 6 Days                                |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dairyman</u>   |                           | 10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. State San</u>   |                                    | 11. BIRTHPLACE (City and State or Foreign Country) <u>Mt Vernon, Mo.</u>          |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |                           | 13a. FATHER'S NAME <u>Oscar Edward Ford</u>  |                                    |   |
| 13b. MOTHER'S MAIDEN NAME <u>Mary Jane Rowe</u>   |                           | 14. NAME OF HUSBAND OR WIFE _____  |                                    |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>National Guard</u>   |                           | 16. SOCIAL SECURITY NO. <u>500-36-8931</u>   |                                    | 17. INFORMANT'S SIGNATURE OR NAME <u>Oscar Ford</u> ADDRESS <u>Mt. Vernon Mo.</u> |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                                 |                           | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Post operative hemorrhage</u><br><br>ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |                                    | INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>                                     |
| 19a. DATE OF OPERATION <u>7-11-53</u>   |                           | 19b. MAJOR FINDINGS OF OPERATION <u>Tonsils very enlarged diseased</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) _____   |                           | 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>July 11, 1953</u> , to <u>July 11, 1953</u> , that I last saw the deceased alive on <u>July 11, 1953</u> , and that death occurred at <u>2 p.m.</u> , from the causes and on the date stated above. |                           |  |                                    |   |
| 23a. SIGNATURE <u>W A Habines M.D.</u> (Degree or title)  |                           | 23b. ADDRESS <u>Mt. Vernon Mo</u>  |                                    | 23c. DATE SIGNED <u>7-13-53</u>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |                           | 24b. DATE <u>July-14-1953</u>  |                                    | 24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>                           |
| 24d. LOCATION (City, town, or county) (State) <u>Mt. Vernon Mo</u>  |                           | 24e. REGISTRAR'S SIGNATURE <u>Katherine Henderson</u> ADDRESS <u>487</u>   |                                    |   |
| DATE REC'D BY LOCAL REG. <u>7-14-53</u>   |                           | 25. FEDERAL DIRECTOR'S SIGNATURE <u>Max L. Forett</u> ADDRESS <u>Mt. Vernon Mo</u>   |                                    |   |

(Licensed Embalmers' Statement on Reverse Side)

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

No. 300  
10.48  
051  
0

APR 14 1954

JUL 12 1954

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

*Max L. Fossett*

Licensed Embalmer No.

*4252*

P. O. Address

*McKenney, 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.