

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39797**
Registrar's No. **23**

FILED DEC 8 1953

BIRTH NO.		REG. DIST. NO. 242		PRIMARY REG. DIST. NO. 4361		Registrar's No. 23	
1. PLACE OF DEATH a. COUNTY New Madrid				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid			
b. CITY (If outside corporate limits, write RURAL and give township) Canalou, Mo		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Canalou, Mo		d. STREET ADDRESS (If rural, give location) 6720	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Thomas		b. (Middle) Edward		c. (Last) Ford		4. DATE OF DEATH (Month) (Day) (Year) 11 9 1953	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH 12/5/80	
9. AGE (In years last birthday) 73		10. UNDER 1 YEAR (Month) (Day) (Hour) (Min.) 11 4		11. BIRTHPLACE (City and State or Foreign Country) Ky		12. CITIZEN OF WHAT COUNTRY? U.S.A	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Cotton & Corn		11. BIRTHPLACE (City and State or Foreign Country) Ky		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Thomas A. Ford		13b. MOTHER'S MAIDEN NAME Unknown Underdown		14. NAME OF HUSBAND OR WIFE Rushie Ford			
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. None		17. INFORMANT'S SIGNATURE OR NAME Rushie Ford Canalou Mo ADDRESS			
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) Carcinoma of rectum ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) 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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 154X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 9/1 , 19 53 , to Nov. 28 , 19 53 , that I last saw the deceased alive on Nov. 10 , 19 53 , and that death occurred at 2:45 pm., from the causes and on the date stated above.							
23a. SIGNATURE Wm. C. Citchlow, M.D.		23b. ADDRESS Sikeston, Mo				23c. DATE SIGNED Nov. 25, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/11/53		24c. NAME OF CEMETERY OR CREMATORY Memorial park		24d. LOCATION (City, town, or county) (State) Sikeston, Mo	
DATE REC'D BY LOCAL REG. 11-53		REGISTRAR'S SIGNATURE Thomas M. Shuter		FEDERAL DIRECTOR'S SIGNATURE Henry James Drenton ADDRESS			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

John Allerton

Licensed Embalmer No. 2941

P. O. Address Leicester

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.