

FILED JAN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40611**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **1185-A**

1. PLACE OF DEATH

a. COUNTY **Greene**

b. CITY (If outside corporate limits, write RURAL and give town) **Springfield** c. LENGTH OF STAY (in this place) **4 Yrs**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Handley Memorial**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE **MO** b. COUNTY **Greene**

c. CITY OR TOWN **Springfield** d. Is Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) **I407 W Scott**

3. NAME OF DECEASED

a. (First) **ELIZABETH** b. (Middle) **ADA** c. (Last) **FORD**

4. DATE OF DEATH (Month) **12** (Day) **29** (Year) **54**

5. SEX **Female** **3** **6. COLOR OR RACE** **Negro** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Divorced 3**

8. DATE OF BIRTH **II: 17 1899** **9. AGE** (In years last birthday) **55** IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Domestic**

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) **Forest City Arkansas**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **McKinley Garter** **13b. MOTHER'S MAIDEN NAME** **Luncinda (unknown)** **14. NAME OF HUSBAND OR WIFE** **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or date of service) _____

16. SOCIAL SECURITY NO. **UNKNOWN**

17. INFORMANT'S SIGNATURE OR NAME **Mary Ellen Ford** **ADDRESS** **I407 W Scott St.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of Liver & Metastasis**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

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 Nov. 1952 to Dec 29, 1954, that I last saw the deceased alive on Dec 28, 1954, and that death occurred at 3:00a m., from the causes and on the date stated above.

23a. SIGNATURE **Lyman D. Brown M.D.** (Degree or title) **23b. ADDRESS** **307 1/2 College** **23c. DATE SIGNED** **Jan 3, 1955**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **I 4 55** **24c. NAME OF CEMETERY OR CREMATORY** **Hazlewood (City)** **24d. LOCATION (City, town, or county) (State)** **Springfield Mo**

DATE REC'D BY LOCAL REG. **1-3-55** **REGISTRAR'S SIGNATURE** **Edith Williamson** **25. FUNERAL DIRECTOR'S SIGNATURE** **H. W. Smith** **ADDRESS** **602 W. Jefferson**

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed..... *Hubert V. Smith*.....

Licensed Embalmer No. *4286*

P. O. Address *Springfield*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.