

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4311

State File No. ....

FILED MAR 14 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 22

272  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Richmond Twp. 0450</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alex Van Ravensway Clinic</u>		d. STREET ADDRESS (If rural, give location) <u>R. R. #2 Fayette 1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>Pierce</u>	c. (Last) <u>Ford</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Mar. 5, 1955</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 19, 1869</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Days <u>2</u>	IF UNDER 24 HRS. Hours <u>16</u>	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Howard Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John D. Ford</u>	13b. MOTHER'S MAIDEN NAME <u>Susan McCart</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Stanley</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Dan Crowley</u>	ADDRESS <u>Fayette, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction (sigmoid)</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma sigmoid</u> DUE TO (c) <u>Advanced age</u>		
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 <u>Colostomy</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from March 1953, to March 1955, that I last saw the deceased alive March 5, 1955, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Alex Van Ravensway MD</u> (Degree or title)	23b. ADDRESS <u>Boonville, Mo</u>	23c. DATE SIGNED <u>March 9</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3/5/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fayette City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fayette, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3/5/55</u>	REGISTRAR'S SIGNATURE <u>D. Hooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph H. Carr</u>	ADDRESS <u>Fayette, Mo</u>
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**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, ~~only~~

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Ralph A. Carr*

Licensed Embalmer No. *3340*

P. O. Address *Jayette, Me*

**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.