

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4410

State File No.

Mohler
FILED MAR 9 1955

BIRTH NO. _____ REG. DIST. NO. 168 PRIMARY REG. DIST. NO. 5423 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Senath (Rural)</u>	c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN <u>Senath</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		e. STREET ADDRESS (If rural, give location) <u>Rt. 1</u> <u>0350</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Emmer</u>	b. (Middle) <u>Elizabeth</u>	c. (Last) <u>Ford</u>	Month <u>Feb.</u>	Day <u>21-</u>	Year <u>1955</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 2nd-1883</u>	9. AGE (in years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>6</u>	Days <u>19</u>	IF UNDER 24 HRS. Hours <u></u>	Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Senath Mo. Rt. 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>James McGrew</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Bullock</u>	14. NAME OF HUSBAND OR WIFE <u>George Ford</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Gilbert Ford</u>	ADDRESS <u>Senath Mo. Rt. 1</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Renal Carcinoma, type undetermined</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause lost.</u>		
	DUE TO (c) <u>Hypertensive cardiovascular disease</u>		<u>5 yrs</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>180 X</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 Aug, 1950, to Feb 21, 1955, that I last saw the deceased alive on Feb 19, 1955, and that death occurred at 9.10Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Ebertha Mohler Jr</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Senath 9/6 Mo.</u>	23c. DATE SIGNED <u>3-1-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-22-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McGrew Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Senath Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-4-55</u>	REGISTRAR'S SIGNATURE <u>Mrs. J. H. Lamer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lentz Service</u>	ADDRESS <u>Kennett Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY
DEPARTMENT 3-7-55
COUNTY FILE NUMBER 3-55

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 *William Frank Ford*

Licensed Embalmer No. *443*

P. O. Address *Humboldt*

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.