

FILED DEC 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36631

State File No.

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 163

1. PLACE OF DEATH
a. COUNTY Grundy

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution)
a. STATE Missouri b. COUNTY Washington

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton

c. CITY OR TOWN Avalon

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Kenyon Nursing Home

e. STREET ADDRESS (If rural, give location) RFD 0590

3. NAME OF DECEASED (Type or Print)
a. (First) Ruth b. (Middle) Evelyn c. (Last) Hord

4. DATE OF DEATH (Month) (Day) (Year)
Nov 27 1955

5. SEX F

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Nov 29-1873

9. AGE (In years) (If under 1 year, last birthday) (Months) (Days) (Hours) (Min.)
81 11 28

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

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) West Plains Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Samuel M. Smith

13b. MOTHER'S MAIDEN NAME Elizabeth Braumell

14. NAME OF HUSBAND OR WIFE Harvey H. Hord Avalon Mo

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

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Harvey H. Hord Avalon Mo

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uris Inf and Bronch. Pneumonia 3 days

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

INTERVAL BETWEEN ONSET AND DEATH
Do not know
Do not know

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
492X

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) (Min.) _____

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 June 1, 1955, to Nov 27, 1955, that I last saw the deceased alive on Nov 26, 1955, and that death occurred at 6A, m., from the causes and on the date stated above.

23a. SIGNATURE E.A. Duffy, M.D. (Degree or title?)

23b. ADDRESS Trenton Mo

23c. DATE SIGNED Nov 28 55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11/29/55

24c. NAME OF CEMETERY OR CREMATORY Avalon Cemetery

24d. LOCATION (City, town, or county) (State) Avalon Cemetery Avalon Mo

DATE REC'D BY LOCAL REG. 11/29/55

REGISTRAR'S SIGNATURE Drene Fair 1150

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Clifford W. Huston Trenton Mo

WRITE PLAINLY—USING UNFAADING 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
Clyfford W Austin

Licensed Embalmer No. 323

P. O. Address Tuna M

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.