

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39699

State File No.

FILED JAN 9 1956

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1377

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before a. STATE Mo b. COUNTY Buc hanan	
b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph	c. LENGTH OF STAY (in this place) 22 Yrs	c. CITY OR TOWN St. Joseph,	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		e. STREET ADDRESS (If rural, give location) 2711 Locust Street	

3. NAME OF DECEASED (Type or Print)	a. (First) Allie	b. (Middle) B	c. (Last) Ford	4. DATE OF DEATH (Month) (Day) (Year) Dec 23 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 30, 1891	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Swift & Co.	11. BIRTHPLACE (City and State or Foreign Country) Garfield, Ark.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Lee Ford	13b. MOTHER'S MAIDEN NAME Martha Cline	14. NAME OF HUSBAND OR WIFE Laura Ford, St. Joseph,
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown?) no	16. SOCIAL SECURITY (If yes, give war or dates of service) 500-07-3688	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Laura Ford 2711 Locust, St. Joseph,
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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 6 HRS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CONGESTIVE HEART FAILURE		Hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) INTESTINAL OBSTRUCTION DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5612			

19a. DATE OF OPERATION Dec 17, 1955	19b. MAJOR FINDINGS OF OPERATION REPAIR UMBILICAL HERNIA	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 **12-17**, 19**55** to **12-23-55**, that I last saw the deceased alive on **12-23**, 19**55**, and that death occurred at **5:32** am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G. E. Zachar D.O.	23b. ADDRESS 409 No 13 St. City	23c. DATE SIGNED 12-27-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12/26/55	24c. NAME OF CEMETERY OR CREMATORY Rogers Ark,	24d. LOCATION (City, town, or county) (State) Rogers Ark.
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DATE REC'D BY LOCAL REG. Jan 3, 1956	REGISTRAR'S SIGNATURE Arthur W. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Philo C. ...	ADDRESS St. Joseph,
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(Licensed Embalmer's Statement on Reverse Side)

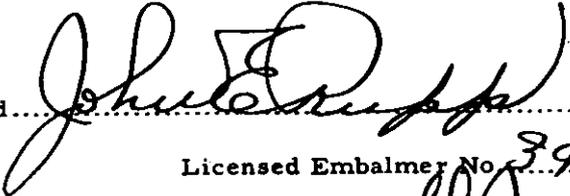
WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

MAR 30 1956

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.....


Licensed Embalmer No. 398

P. O. Address St. Joseph

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.