.300
.48

590
3

FILED DEC 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41309

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5702 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mooresville Twp
c. LENGTH OF STAY (In this place): 16 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hwy 36

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Livingston
c. CITY OR TOWN: Mooresville
d. Is Residence Within Limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): Mooresville, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Davis
c. (Last): Ford

4. DATE OF DEATH (Month) 12 (Day) 14 (Year) 55

5. SEX: Male
6. COLOR OR RACE: White (US)
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-14-1862
9. AGE (In years last birthday): 93 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and State or Foreign Country): Chariton Co., Missouri
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Benjamin Ford
13b. MOTHER'S MAIDEN NAME:
14. NAME OF HUSBAND OR WIFE: Pearl Walters Ford
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Ray R. Ford, Cedar Rapids, Iowa — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused the death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Contusion & Laceration of Heart — INTERVAL BETWEEN ONSET AND DEATH: Instant

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

DUE TO (b) Puncture Wound of Sternum — Instant

DUE TO (c) — Instant

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Amputation L Leg — Instant; Fractured Skull 8124 — Instant

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Amputation L leg
25
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hiway
21c. (CITY, TOWN, OR TOWNSHIP) Twp (COUNTY) 554 (STATE): Mooresville, Livingston, Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12-14-55 to 10:00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Walking down Hiway, Struck by Car

22. *I hereby certify that I attended the ~~deceased from~~ _____, 19___, to _____, 19___, that ~~I last saw the deceased~~ alive on* Dec 14, 1955, *and that death occurred at* 10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph A. Conrad M.D (Coroner)
23b. ADDRESS: Chillicothe, Mo
23c. DATE SIGNED: Dec. 16 55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-16-55
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet
24d. LOCATION (City, town, or county) (State): Marceline, Mo.

DATE REC'D BY LOCAL REG.: Dec 16 55
REGISTRAR'S SIGNATURE: Frances B Neill
171-0
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Norman Funeral Home, Chillicothe, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 26 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Joseph M. Gibson

Licensed Embalmer No. 47

P. O. Address Chillicothe

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.