

FILED FEB 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **686**

BIRTH NO. _____ REG. DIST. NO. **72** PRIMARY REG. DIST. NO. **5289** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Linden		c. LENGTH OF STAY (in this place) 8 Yrs.	c. CITY OR TOWN Linden
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		f. STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED (Type or Print) George	a. (First) George	b. (Middle) Harden	c. (Last) Ford	4. DATE OF DEATH (Month) (Day) (Year) Jan. 24, 1956
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5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 19, 1880	9. AGE (in years last birthday) 75	IF UNDER 1 YEAR Months 5 Days 5	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) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Clay Co., Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James S. Ford	13b. MOTHER'S MAIDEN NAME Eliza Miller	14. NAME OF HUSBAND OR WIFE Artie Jones Ford
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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) No	16. SOCIAL SECURITY NO. 487-26-5554	17. INFORMANT'S SIGNATURE OR NAME Geo. M. Ford	ADDRESS 4925 Chestnut K.C., Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) " 1948 DUE TO (c) Renal cyst adenoma - adenoma		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		10 y.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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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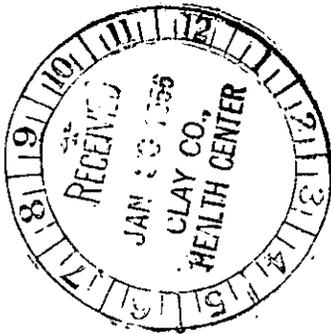
22. I hereby certify that I attended the deceased from **1942** to **1956**, 19____, that I last saw the deceased alive on **1-21-56**, 19____ and that death occurred at **9 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE William Long	(Deputy or title) Dr.	23b. ADDRESS McComas St. Mo.	23c. DATE SIGNED 1-25-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-26-56	24c. NAME OF CEMETERY OR CREMATORY Old Baptist Ch. Cem.	24d. LOCATION (City, town, or county) (State) Clinton County, Missouri
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DATE REC'D BY LOCAL REG. 1-25-56	REGISTRAR'S SIGNATURE Marquette Judgen	494	25. FUNERAL DIRECTOR'S SIGNATURE McComas Funeral Home	ADDRESS Smithville, Mo.
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WRITE PLAINLY—USING UNFADING 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 *Donald W. Hanks*.....

Licensed Embalmer No. *4528*

P. O. Address *Smithville, Va.*

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.