

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 23 1956

State File No.

BIRTH NO. REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 21

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| 1. PLACE OF DEATH a. COUNTY <u>Pike</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Louisiana</u> | | c. CITY OR TOWN <u>Frankford</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>48 days</u> | | e. STREET ADDRESS (If rural, give location) <u>Rural - East</u> <u>0820</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mineral Spring Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u> | b. (Middle) <u>LEE</u> | c. (Last) <u>Ford</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 9 1956</u> |
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| 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. 25, 1877</u> | 9. AGE (In years last birthday) <u>77</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> | IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>FRANKFORD (RURAL) Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
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| 13a. FATHER'S NAME <u>JAMES G. STARK</u> | 13b. MOTHER'S MAIDEN NAME <u>MISSOURI BAILEY</u> | 14. NAME OF HUSBAND OR WIFE <u>James S. 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>no</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Melvin Bramblet, Troy Mo.</u> | ADDRESS |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>4 Days</u> <u>Since Dec. 23 '55</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u> | | |
| | ANTECEDENT CAUSES DUE TO (b) <u>Senility</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> | | |
| II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>794X</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 Dec. 23, 1955, to Feb. 9, 1956, that I last saw the deceased alive on Feb. 9, 1956, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Name or title) <u>G. R. Biggs, D.O.</u> | 23b. ADDRESS <u>Louisiana, Missouri</u> | 23c. DATE SIGNED <u>2/9/56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Feb 11-56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Frankford Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Feb 15, 1956</u> | REGISTRAR'S SIGNATURE <u>Bernice Callier</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Callier's Undertaking Son</u> | ADDRESS <u>Frankford, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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 *Jose Fields Meyers*

Licensed Embalmer No. *409*

P. O. Address *Franklin*

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.