

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7788

State File No.

FILED APR 4 - 1957

BIRTH NO. 577-57 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 257

1. PLACE OF DEATH a. COUNTY <u>BUTLER</u> D.O.A. at			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STODDARD</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DOCTORS HOSPITAL</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - DUCKCREEK</u>		d. STREET ADDRESS (If rural, give location) <u>3 MILE N.E. of FISK</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DOCTORS D.O.A.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>VELMA</u> b. (Middle) <u>DIANE</u> c. (Last) <u>FORD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 22 - 57</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	8. DATE OF BIRTH <u>JAN. 7, 1957</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>2</u> Days <u>15</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, overall retired)		10b. KIND OF BUSINESS OR INDUSTRY -----DUSTRY	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>JOHN D. FORD</u>		13b. MOTHER'S MAIDEN NAME <u>TRELLA SHAWN</u>	14. NAME OF HUSBAND OR WIFE <u>-----</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> NO		16. SOCIAL SECURITY NO. -----NO.	17. INFORMANT'S SIGNATURE OR NAME <u>JOHN D. FORD FISK, MO.</u> 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>suffocation, due to</u> DUE TO (c) <u>bed blotting</u> II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <u>9240</u>			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>98</u>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Stoddard</u> (COUNTY) <u>Miss</u> (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar 22 - 57 4:30 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>by bed blotting</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Grover Green</u>	23b. ADDRESS <u>Owner Poplar Bluff Mo</u>	23c. DATE SIGNED <u>Mar 25 57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-24-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SHAIN MEMORIAL</u>
	24d. LOCATION (City, town, or county) (State) <u>BUTLER COUNTY MO.</u>	

DATE REC'D BY LOCAL REG. <u>3/29/57</u>	REGISTRAR'S SIGNATURE <u>R. D. Muntz</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. White</u>	ADDRESS <u>Fisk, Mo.</u>
--	---	--	-----------------------------

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

489

RECEIVED

APR 1 1957

BUTLER CO. HEALTH CENTER

FILE No. _____

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
Student Embalmer

Signed Raymond L. Duffer

Licensed Embalmer No. 45798

P. O. Address Berlin, Md

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 this body is not embalmed, fact should be so stated above.