

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12551

State File No.

FILED APR 17 1957

BIRTH NO. _____		REG. DIST. NO. <u>75</u>		PRIMARY REG. DIST. NO. <u>30-15</u>		Registrar's No. <u>35</u>	
1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Shoal</u>		c. LENGTH OF STAY (in this place) <u>4 yrs.</u>		c. CITY OR TOWN <u>Cameron</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD #4 Cameron Mo</u>				e. STREET ADDRESS (If rural, give location) <u>RFD #4 Cameron Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u>		b. (Middle) <u>A.</u>		c. (Last) <u>Ford, Jr.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 9 1957</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>July 24, 1941</u>	
9. AGE (In years last birthday) <u>15</u>		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) <u>---</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Brookfield Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>				13a. FATHER'S NAME <u>Frank A. Ford</u>		13b. MOTHER'S MAIDEN NAME <u>A. Geneva Rogers</u>	
14. NAME OF HUSBAND OR WIFE <u>---</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>---</u>			
16. SOCIAL SECURITY NO. <u>---</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Art F. Ford, Cameron Mo</u>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u>			
				INTERVAL BETWEEN ONSET AND DEATH <u>4 da.</u>			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prolonged recumbency and emaciation</u>			
				DUE TO (c) <u>Muscular dystrophy</u>			
				11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>10 yrs</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>7441</u>			
20. AUTOPSY? <u>0</u>				YES <input type="checkbox"/> NO <input type="checkbox"/>			
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4-30</u> , 19 <u>57</u> , to <u>4-9</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>4-9</u> , 19 <u>57</u> , and that death occurred at <u>11:05 PM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>				(Degree or title) <u>DO</u>		23b. ADDRESS <u>Cameron Mo</u>	
23c. DATE SIGNED <u>4-11-57</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>April 11-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Emery Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cameron Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-11-57</u>		REGISTRAR'S SIGNATURE <u>Francis D Crawford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Poland Funeral Home</u>			
				ADDRESS <u>Cameron Mo</u>			

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

531
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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 Robert J. Poland.....

Licensed Embalmer No. 4277
222 West 3

P. O. Address Cameron Hill

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.