

FILED FEB 6 1958

STANDARD CERTIFICATE OF DEATH

STATE FILE NO. **1695**

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 19

300
-57

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEBB CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WEBB CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CONVALESCENT HOME		Length of stay in lb 30 YEARS	d. STREET ADDRESS 624 N. HALL
3. NAME OF DECEASED (Type or print) First Middle Last HARRIET EMILY FORD			4. DATE OF DEATH Month Day Year JANUARY 29, 1958
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DECEMBER 22, 1861
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY NONE	9. AGE (In years last birthday) 97
11. BIRTHPLACE (City and state or country) NEW TAZWELL, TENN.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN WINTON		13b. MOTHER'S MAIDEN NAME SALLY REED	14. NAME OF HUSBAND OR WIFE LILEURN FORD
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. NO	17. INFORMANT Address MRS CLYDE WILLIAMS, JOPLIN, MISSOURI
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>1955</u> to <u>death</u> and last saw her/him alive on <u>11-21-58</u> Death occurred at <u>3:00 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <i>M. Pence</i> (Degree or title) D.O.		22b. ADDRESS Carterville, Mo	22c. DATE SIGNED 1-30-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-29-58	23c. NAME OF CEMETERY OR CREMATORY OSARK MEMORIAL	23d. LOCATION (City, town, or county) (State) JOPLIN MISSOURI
24. FUNERAL DIRECTOR HEDGE-LEWIS		ADDRESS WEBB CITY, MISSOURI	25. DATE RECD. BY LOCAL REG. 1-30-58 26. REGISTRAR'S SIGNATURE <i>Max Madeline Switzer</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with 26 related. All diseases in Part I must be causally related.

RECEIVED FEB 5 - 1958
Jasper County Health Office

County File Number 102

Date Filed FEB 5 - 1958

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 Richard Roy Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City, Mo.

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.