

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010528

STATE FILE NUMBER

FILED MAR 24 1958

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>Lexington</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Lexington Mo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial</u> Length of stay in lb <u>1 day</u>		d. STREET ADDRESS (If outside, give location) <u>1306 Clinton</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>A</u> Last <u>FORD</u>			A. DATE OF DEATH Month <u>March</u> Day <u>2</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 20 1908</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>employee miner</u>	9. AGE (In years last birthday) <u>90</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>
11. FATHER'S NAME <u>unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>unknown</u>		14. MOTHER'S MAIDEN NAME <u>unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Mr & Mrs Cain Moore Lexington Mo.</u> Address <u>1306 Clinton</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial infarction</u> DUE TO (b) <u>coronary atherosclerosis</u> DUE TO (c) <u>4201H</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Carcinoma of colon</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
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 <u>2</u> Month <u>2</u> Day <u>2</u> Year <u>1958</u> a. m. <u>0</u> p. m. <u>0</u>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION <u>Lexington</u> COUNTY <u>MO.</u> STATE <u>MO.</u>		20f. CITY, TOWN, OR LOCATION <u>Lexington</u> COUNTY <u>MO.</u> STATE <u>MO.</u>	
21. I attended the deceased from <u>Dec. 20 1956</u> to <u>Mar 1 1958</u> and last saw <u>him</u> alive on <u>Mar 1 1958</u> . Death occurred at <u>9</u> m on the date stated above; and to the best of my knowledge, from the causes stated:			
22a. SIGNATURE <u>Ralph Kelly M.D.</u> (Degree or title)		22b. ADDRESS <u>Lexington</u>	
22c. DATE SIGNED <u>3-4-58</u>		22d. ADDRESS <u>Lexington MO.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>March 4-1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Forest Grove</u>		23d. LOCATION (City, town, or county) (State) <u>Lexington MO.</u>	
24. FUNERAL DIRECTOR <u>George H. Green</u> ADDRESS <u>Market No. 3-11-58</u>		25. DATE RECD. BY LOCAL REG. <u>3-11-58</u>	
26. REGISTRAR'S SIGNATURE <u>Wm. E. Eustace</u>		26. REGISTRAR'S SIGNATURE <u>Wm. E. Eustace</u>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300-1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
George H. Green

Licensed Embalmer No. *42*

P. O. Address *Needham*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.**