

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026165

State File No. ....

FILED JUL 21 1958

BIRTH NO. 07-7-1958 REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 142

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

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) ---a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural Bedford Twp.</b> )		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>Moscow Mills 057</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lincoln Co. Memorial Hosp.</b>				e. STREET ADDRESS (If rural, give location) <b>No Street Address</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Not Named</b>			b. (Middle)		c. (Last) <b>Hord</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 9, 1958</b>		
5. SEX <b>Male 0</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>July 9, 1958</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <b>110</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Lincoln Co. Missouri 0</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Verne C. Hord</b>			13b. MOTHER'S MAIDEN NAME <b>Ruby Johnson</b>			14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Verne C. Hord, Moscow Mills, Mo.</b>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>PREMATURE SEPARATION PARENTA</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>2 WKS.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>	
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) <b>7615</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <b>July 9, 1958</b> , to <b>JULY 9, 1958</b> , that I last saw the deceased alive on <b>July 9, 1958</b> , and that death occurred at <b>7:00 A. M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Paul D. Berry, M.D.</b> (Degree or title)				23b. ADDRESS <b>1109, Troy, Mo.</b>			23c. DATE SIGNED <b>7-11-58</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/10/58</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hord Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Pike Co. Missouri</b>			
DATE REC'D BY LOCAL REG. <b>7-18-1958</b>		REGISTRAR'S SIGNATURE <b>Nell Schenkein per. C. Lark</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kemper-Marsh Funeral Home Troy, Mo.</b>				

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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.....  
*Joseph J. Marsh*

Licensed Embalmer No. 3932.....

THIS BODY WAS NOT EMBALMED

P. O. Address Troy, Missouri

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.