

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031954
STATE FILE NUMBER

FILED SEP 22 1958		Registration District No. <u>47</u>	Primary Registration District No. <u>3008</u>	Registrar's No. <u>209</u>
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>City of St. Louis</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Louis</u>	<u>2007</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital No. 1</u>		Length of stay in 1b <u>27yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>St. Louis City Sanitarium</u> Reside on Farm <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u></u> Last <u>Ford</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>16,</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 25, 1893</u>	9. AGE (In years last birthday) <u>65</u> IF UNDER 1 YEAR: Months <u></u> Days <u></u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bricklayer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (City and state or country) <u>Alabama</u>	12. CITIZEN OF WHAT COUNTRY? <u>American</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) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT <u>State Hospital No. 1, Fulton, Missouri</u> Address <u></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>Subdural hematoma</u> <u>Myocardial infarction, acute</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u></u> DUE TO (c) <u>4201</u>				INTERVAL BETWEEN ONSET AND DEATH <u></u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Chronic schizophrenic Reaction</u>				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <u></u>		
20c. TIME OF INJURY: Hour <u></u> Month, Day, Year <u></u> a. m. <u></u> p. m. <u></u>				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	20f. CITY, TOWN, OR LOCATION <u></u>	COUNTY <u></u> STATE <u></u>
21. Under 1 year of age <u>State Hospital No. 1</u> Nov. 18, 1930 to <u>Sept. 16, 1958</u> and over 1 year of age <u></u> Death occurred at <u>6:10</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <u>J. Stark Callaway M.D.</u> (Degree or title)		22b. ADDRESS <u>State Hospital No. 1</u>		22c. DATE SIGNED <u>Sept. 16,</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Sept. 19, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>State Hosp. #1 CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>FULTON MO. 1958</u>	
24. FUNERAL DIRECTOR <u>MAUPIN FUNERAL HOME</u> ADDRESS <u>Fulton Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Sept 20, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Grantha Lawrence</u>	

Health, Welfare Public Service

300 1-56.

All 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

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Not Embalmed

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 *J. V. Passoni*
Licensed Embalmer No. *250*

P. O. Address *Aulton*

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.