

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032407

STATE FILE NUMBER

FILED OCT 14 1958

Registration District No. 128

Primary Registration District No. _____

Registrar's No. 957

5. 300
1-57

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dallas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairgrove		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Louisburg <u>0300</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway #65		Length of stay in lb ---	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Tinsley Middle C Last Ford			4. DATE OF DEATH Month October Day 5 Year 1958		
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5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 20, 1891	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 10 Days 15	IF UNDER 24 HRS. Hours --- Min. ---
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and state or country) Dallas County Missouri	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Jennie Ford
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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. None	17. INFORMANT Jennie Ford	Address Louisburg, Missouri
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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 8 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		331X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 _____ a.m. _____ p.m.	

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.)	20f. CITY, TOWN, OR LOCATION Buffalo, Missouri	COUNTY _____ STATE _____
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21. I attended the deceased from 5 Oct 58, to _____ and last saw him alive on 5 Oct 58 7³⁰ pm
Death occurred at 8:15 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>O. A. Griffin MD</i>	(Degree or title) MD	22b. ADDRESS Buffalo, Missouri	22c. DATE SIGNED 10-6-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 8, 1958	23c. NAME OF CEMETERY OR CREMATORY Louisburg Cemetery	23d. LOCATION (City, town, or county) (State) Dallas County Missouri
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24. FUNERAL DIRECTOR Montgomery Funrl Home Buffalo, Mo.	ADDRESS _____	25. DATE RECD. BY LOCAL REG. 10-8-58	26. REGISTRAR'S SIGNATURE <i>Effie G. Melton</i>
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Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed.
 O. A. Griffin MD

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 embalmed by me, or by Vernon H. Veets, Student Embalmer No. 565 working under my personal supervision.

Student Vernon H. Veets
Signature of Student Embalmer

Signed Blyde Montgomery

Licensed Embalmer No. 592

P. O. Address Buffalo, NY

**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.**