

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037111

STATE FILE NUMBER

FILED NOV 6 1958

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 358

S. 300
1-57

1. PLACE OF DEATH a. COUNTY MARION				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MONROE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HANNIBAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN MONROE CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. ELIZABETH HOSPT		Length of stay in lb 26 DAYS		d. STREET (If outside, give location) ADDRESS 207 EAST LAWN		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First EDWARD Middle W Last FORD			4. DATE OF DEATH Month OCTOBER Day 31st Year 1958				
5. SEX MALE	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 AUGUST 31.1870		9. AGE (In years last 88 day) IF UNDER 1 YEAR Months 2 Days IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER (RET)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) SHELBY COUNTY MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JOHN FORD			13b. MOTHER'S MAIDEN NAME MARY W. BRYNES		14. NAME OF HUSBAND OR WIFE IDA MAY 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. 897-42-0919		17. INFORMANT <i>Chas. Ford</i>		Address <i>Monroe City, Mo</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic vascular disease, severe						INTERVAL BETWEEN ONSET AND DEATH 1 year	
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)						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"/> 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		COUNTY STATE	
21. I attended the deceased from 10-17-58 to 10-31-58 and last saw him alive on 10-31-58 Death occurred at 11:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Roland L. Lanning, M.D.</i>			22b. ADDRESS Hannibal, Missouri		22c. DATE SIGNED 11-3-58		
23a. BURIAL, CREMATION, or other disposal (specify) BURIAL		23b. DATE NOV 3rd 1958	23c. NAME OF CEMETERY OR CREMATORY HOLY ROSARY CEMETERY.		23d. LOCATION (City, town, or county) (State) MONROE CITY, MISSOURI		
24. FUNERAL DIRECTOR <i>Wilson & Sons</i>			ADDRESS MONROE CITY, MO.		25. DATE RECD. BY LOCAL REG. 11-3-58		26. REGISTRAR'S SIGNATURE <i>Dr. E. M. Leach by H. C. Drake</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 will be listed. All diseases in Part I must be causally related.

RECEIVED NOV 5 1958
MARION CO. HEALTH DEPT.
DATE FILED NOV 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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Leslie L. Wilson.....

Licensed Embalmer No. 3014.....

P. O. Address Union 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.