

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037274
State File No.

FILED OCT 17 1958

BIRTH NO. _____		REG. DIST. NO. <u>255</u>		PRIMARY REG. DIST. NO. <u>5873</u>		Registrar's No. <u>37</u>	
1. PLACE OF DEATH a. COUNTY <u>OREGON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>OREGON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ALTON (JOHNSON)</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - JOHNSON Alton</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS <u>0750 At - 1.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>DAISY</u>		b. (Middle) <u>PEARL</u>		c. (Last) <u>FORD</u>	
4. DATE OF DEATH		(Month) <u>10</u>		(Day) <u>12</u>		(Year) <u>1958</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>		8. DATE OF BIRTH <u>6-15-1921</u>		9. AGE (In years last birthday) <u>.37</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>FRANK WILLIAMS</u>		13b. MOTHER'S MAIDEN NAME <u>CORA CARHORN</u>		14. NAME OF HUSBAND OR WIFE <u>LAWRENCE FORD</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>LAWRENCE FORD</u>		ADDRESS <u>ALTON, Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary insufficiency</u>					<u>few minutes</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic Heart Disease</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>Feb</u> , 19 <u>58</u> , to <u>10-2</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>10-2</u> , 19 <u>58</u> , and that death occurred at <u>1 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. S. Little MD</u>				23b. ADDRESS <u>Mammoth Spring, Ark.</u>		23c. DATE SIGNED <u>10-13-58</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-14-1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MANY SPRINGS CEMETERY</u>		24d. LOCATION (City, town, or county) <u>OREGON COUNTY, Mo.</u> (State) _____	
DATE REC'D BY LOCAL REG. <u>10-13-58</u>		REGISTRAR'S SIGNATURE <u>Moswe Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John D. Clark Alton Mo</u> ADDRESS _____			

0750

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

1330

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
Student Embalmer

Signed John D. Clary

Licensed Embalmer No. 4475

P. O. Address Box 394, Elroy, 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 this body is not embalmed, fact should be so stated above.