

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000450

STATE FILE NUMBER

FILED JAN 15 1959 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Merriam</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>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hosp #1</u>			Length of stay in lb <u>5 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>1265 Collier</u>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Erwin</u> Middle <u>Ford</u> Last <u>Ford</u>				4. DATE OF DEATH Month <u>Jan</u> Day <u>10</u> Year <u>1959</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>5-26-1897</u>		9. AGE (In years last birthday) <u>61</u>	
10a. USUAL OCCUPATION (and kind of work done during most of working life, even if retired) <u>Laborer</u>	100. KIND OF BUSINESS OR INDUSTRY <u>DK</u>		11. BIRTHPLACE (City and state or country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>Charles Ford</u>				14. MOTHER'S MAIDEN NAME <u>Morie Doolin</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>DK</u>		16. SOCIAL SECURITY NO. <u>486-12-0274</u>		17. INFORMANT <u>Hosp. Red Fulton Mo</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>Coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>Syphilis - C N S -</u>							INTERVAL BETWEEN ONSET AND DEATH
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.) <u>026x</u>				
20c. TIME OF INJURY Hour <u>12 noon</u> Month, Day, Year <u>Jan 10 1959</u> 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 <u>Fulton</u>
20g. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20h. CITY, TOWN, OR LOCATION <u>Fulton</u>		20i. COUNTY <u>Callaway</u>		20j. STATE <u>Mo</u>	
21. I attended the deceased from <u>Aug 11, 1953</u> to <u>1-10-59</u> and last saw her alive on <u>1-10-59</u> Death occurred at <u>12 noon</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Wm. J. Bremer M.D.</u>				22b. ADDRESS <u>State Hosp - Fulton</u>		22c. DATE SIGNED <u>1-10-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		23b. DATE <u>Jan-12-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Robinson Cemetery</u>		23d. LOCATION (City, town, or county) <u>St. Louis</u>		(State) <u>Mo</u>
24. FUNERAL DIRECTOR <u>Leo E Roberts</u>			25. DATE RECD. BY LOCAL REG. <u>Jan-10-1959</u>		26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part must be causally related. Coroner cannot certify to a death due to natural causes.

JAN 28 1959

FEB 20 1959

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 *Geo E Roberts*

Licensed Embalmer No. 21

P. O. Address

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.