

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008926

STATE FILE NUMBER

FILED MAR 31 1959 Station District No. 107 Primary Registration District No. 3014 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. COUNTY Dunklin				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kennett Rt. 3		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 708 Court St.			Length of stay in 1b 2 1/2 Years		d. STREET ADDRESS (If outside, give location) Rt. 3		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Richard Middle Lee Last Ford				4. DATE OF DEATH Month Mar. Day 23- Year 1959				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug. 27- 1956		9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months 6 Days 26	IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XX			10b. KIND OF BUSINESS OR INDUSTRY XX		11. BIRTHPLACE (City and state or country) Hayti Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME G.B. Ford			13b. MOTHER'S MAIDEN NAME Dollie Walker			14. NAME OF HUSBAND OR WIFE XX		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT George Ford		Address Kennett Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accidental Drowning							INTERVAL BETWEEN ONSET AND DEATH 5 min.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)		9290 22		
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 checked="" 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.) Fell into Cess-pool					
20c. TIME OF INJURY Hour 2:30 a.m. 3 p.m. Month, Day, Year 3-23-59			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Near home 708 Court St. Kennett Dunklin Mo.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20f. CITY, TOWN, OR LOCATION Kennett Mo.					
21. I attended the deceased from 2:30 to 2:30 and last saw her/him alive on 3-23-59 Death occurred at 2:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Quinton Tarver <i>Quinton Tarver</i> Coroner 3				22b. ADDRESS Kennett Mo.			22c. DATE SIGNED 3-24-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-25-59	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery			23d. LOCATION (City, town, or county) (State) Kennett Mo.		
24. FUNERAL DIRECTOR Lentz Service ADDRESS Kennett				25. DATE RECD. BY LOCAL REG. 3-25-1959		26. REGISTRAR'S SIGNATURE <i>Carl H. ...</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Edgar Reed Ford*

QC:R Licensed Embalmer No. 4433
P. O. Address Kennett 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.