Health, & Welfare Public Service

S. 300 1-57

Dr. Peterson

FILED JUN 8 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-017337

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2002 Registrar's No. 534

1. PLACE OF DEATH a. COUNTY: GREENE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: MISSOURI b. COUNTY: GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SPRINGFIELD — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN: SPRINGFIELD — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 633 CHERRY — Length of stay in Hospital: 80 YRS.	d. STREET ADDRESS (If outside, give location): 1201 S. WELLER — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: JANE	Middle:	Last: FORD	4. DATE OF DEATH Month Day Year: MAY 30 1959	
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: APRIL 23 1879	9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (City and state or country): SPRINGFIELD, MO.	12. CITIZEN OF WHAT COUNTRY?: USA	
13a. FATHER'S NAME: JAMES ABBOTT	13b. MOTHER'S MAIDEN NAME: MARY E.A. WOOLEY	14. NAME OF HUSBAND OR WIFE: HOMER T. FORD		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: NO	17. INFORMANT: HOMER T. FORD	Address: SPRINGFIELD, MO.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Bronchopneumonia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Senility and

DUE TO (c) Arteriosclerosis generalized

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) — 450C

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] — 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. Month, Day, Year —

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] — 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 2-22-53, to 30 May 1959 and last saw her/him alive on 29 May 1959. Death occurred at 12:15 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Stanley S. Peterson M.D. — 22b. ADDRESS: Springfield, Mo — 22c. DATE SIGNED: 1 June 59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 6/2/59	23c. NAME OF CEMETERY OR CREMATORY: MAPLE PARK	23d. LOCATION (City, town, or county) (State): SPRINGFIELD, MO.
24. FUNERAL DIRECTOR: H.H. LOHMEYER	ADDRESS: SPRINGFIELD, MO.	25. DATE RECD. BY LOCAL REG.: 6-2-59	26. REGISTRAR'S SIGNATURE: Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

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. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Stanley S. Peterson M.D.

JUN 1 4 1984

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 H. L. McCann

Licensed Embalmer No. 2727

P. O. Address [illegible]

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.