

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018124
State File No.

FILED MAY 20 1959

BIRTH NO.		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>256</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Okla</u> b. COUNTY <u>Craig</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Vinita</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Johns Hosp.</u>				STREET ADDRESS (If rural, give location) <u>5300 511 North 1st</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>James</u>		b. (Middle) <u>Elbert</u>		c. (Last) <u>Ford</u>	
4. DATE OF DEATH		(Month) <u>5</u>		(Day) <u>12</u>		(Year) <u>59</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH May 30 1900	
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Ark</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>Sam Ford</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Bronner</u>	
14. NAME OF HUSBAND OR WIFE <u>Bertie Ford</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Bertie Ford</u>				ADDRESS <u>511 N 1st st Vinita, Ok</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHOPNEUMONIA</u> ANTECEDENT CAUSES <u>ADENO CARCINOMA OF LUNG</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>24 HRS.</u> <u>2 1/2 yrs</u>	
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. HOW DID INJURY OCCUR?	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour)		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>APRIL 29, 1959</u> , to <u>MAY 12, 1959</u> , that I last saw the deceased alive on <u>MAY 11, 1959</u> , and that death occurred at <u>2:28A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>CH Means MD CHMEARES MD</u>				23b. ADDRESS <u>420 BYERS JOPLIN Mo.</u>		23c. DATE SIGNED <u>5-15-59</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-14-59</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope</u>		24d. LOCATION (City, town, or county) (State) <u>Afton, Okla</u>	
DATE REC'D BY LOCAL REC. <u>5-18-1959</u>		REGISTRAR'S SIGNATURE <u>Noor Merriam</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cooper Funeral Home Miami, Okla</u> ADDRESS			

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

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 *F. M. Jones*.....

Licensed Embalmer No *2319*.....

P. O. Address *Joplin*.....

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.