

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022333
STATE FILE NUMBER

FILED JUL 15 1959 Registration District No. 267 Primary Registration District No. 2049 Registrar's No. 90

5. 300
1-57

1. PLACE OF DEATH a. COUNTY <i>Permisecot</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admittance) a. STATE <i>Mo.</i> b. COUNTY <i>Permisecot</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Hayth</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Hayth</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <i>600 W. Grant</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Alec</i> Middle Last <i>Ford</i>			4. DATE OF DEATH Month <i>6</i> Day <i>24</i> Year <i>1959</i>			
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5. SEX <i>male</i>	6. COLOR OR RACE <i>Col.</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>3-12-1896</i>	9. AGE (In years last birthday) <i>65</i>	10. FUNDER 1 YEAR Months <i>3</i> Days <i>12</i>	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Hinds Co. Miss.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Alec Ford</i>	13b. MOTHER'S MAIDEN NAME <i>Mattie Johnson</i>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <i>C.H. Hawkins, Hayth, Mo.</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Cardiac De-compensation</i>		INTERVAL BETWEEN ONSET AND DEATH <i>undeter</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		
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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

20a. PRESENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. Hour a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION	COUNTY	STATE
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20d. WHERE OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21. I attended the deceased from <i>4/20/59</i> to <i>6/24/59</i> and last saw <i>her</i> alive on <i>6/24/59</i> Death occurred at <i>5 p</i> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree of title) <i>Furlocke</i>	22b. ADDRESS <i>Cambridge, Mo</i>	22c. DATE SIGNED <i>6/24/59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>	23b. DATE <i>6/27/59</i>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) <i>New York City, N.Y.</i>
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24. FUNERAL DIRECTOR <i>J.J. Smith</i>	ADDRESS <i>Hayth, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>6-24-59</i>	26. REGISTRAR'S SIGNATURE <i>Valeria Lopham</i>
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(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

MEDICAL CERTIFICATION

JUL 13 1959

DEC 21 1959

JUL 13 1959

CARTHERSVILLE, MO.

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 *Jack Kelbig*
Licensed Embalmer No. *3788*
P. O. Address *Carthersville*

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.