

FILED VS SEP 29 1959

Registration District No. 74 Primary Registration District No. 4-136 Registrar's No. 36

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Plattsburg</u>		Length of stay in lb <u>14 yrs.</u>		c. CITY OR TOWN <u>Plattsburg</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>Baptist Church</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>613 Maple</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>Layton</u> Last <u>Ford</u>				4. DATE OF DEATH Month <u>Sept.</u> Day <u>23</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>9-1-1893</u>		9. AGE (last birthday) <u>66</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and state or country) <u>Holt Missouri</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>				
13a. FATHER'S NAME <u>James Ford</u>				13b. MOTHER'S MAIDEN NAME <u>Eliza Miller</u>				14. NAME OF HUSBAND OR WIFE <u>Teresa Ford.</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>496-07-5874</u>				17. INFORMANT <u>MRS. Beverly O'Connor Plattsburg, MO.</u> Address _____					
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 Thrombosis</u>										INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>arteriosclerotic heart disease</u>								5+ yrs.			
		DUE TO (c) _____											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
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 15.)									
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year											
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			COUNTY		STATE			
21. I attended the deceased from <u>9-23-59</u> to <u>9-23-59</u> and last saw him alive on <u>9-23-59</u>				Death occurred at <u>9 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>J. Luckenbill MD</u> (I agree or file)				22b. ADDRESS <u>Plattsburg, Mo.</u>				22c. DATE SIGNED <u>9-25-59</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-26-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>LATHROP CEMETERY</u>			23d. LOCATION (City, town, or county) <u>LATHROP</u>			23e. STATE <u>Missouri</u>			
24. FUNERAL DIRECTOR <u>Lyon Funeral Home</u>				ADDRESS <u>Plattsburg, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>9-25-1959</u>		26. REGISTRAR'S SIGNATURE <u>Mary W. Bearce</u>					

(Licensed Embalmer's Statement on Reverse Side)

DED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS OCT 2 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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Philip E. Cox

Licensed Embalmer No. 4993

P. O. Address Lawburg, N.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.

OCT 6 1959