URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 12 1959

NDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 346

59–036885
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY MARION
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HANNIBAL — Length of stay in 1b: 8 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St ELIZABETH HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ILLINOIS b. COUNTY ADAMS
c. CITY OR TOWN QUINCY — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS 801½ N. 12th St (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First VELMA Middle ROSE Last FORD
4. DATE OF DEATH: Month NOVEMBER Day 1, Year 1959
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-17-35
9. AGE (last birthday): 24 — IF UNDER 1 YEAR: Months 9 Days 15 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): KEY OPERATOR
10b. KIND OF BUSINESS OR INDUSTRY: MOTOROLA CO
11. BIRTHPLACE (City and state or country): MONROE COUNTY, MO
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: EDWARD BURL FORD
13b. MOTHER'S MAIDEN NAME: MARY LETA ENGLE
14. NAME OF HUSBAND OR WIFE:
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.: 494-34-8466
17. INFORMANT: MRS THERESA MADDEX Address: LENTNER, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Massive Internal Injury - Chest & abdomen — INTERVAL BETWEEN ONSET AND DEATH: 9 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ① Ruptured Urinary Bladder & 7 rec Ribs
DUE TO (c) ③ Ruptured Diaphragm ② 7 rec Clavicle + 7 rec Pelvis
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Driving automobile - Wind forced car off road
20c. TIME OF INJURY: Hour 11:20 p.m. Month, Day, Year 10-23-59
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.): Highway 36 - Shelby County
20f. CITY, TOWN, OR LOCATION: Shelby County COUNTY: Highway #36 STATE:
21. I attended the deceased from Oct 23-59 to Nov 1st and last saw her/him alive on Nov 1st 1959
Death occurred at 4.25 Am m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE: E. L. Murphy (Degree or title) MD
22b. ADDRESS: Hannibal, Missouri (State)
22c. DATE SIGNED: 11/5/59
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 11-4-59
23c. NAME OF CEMETERY OR CREMATORY: ST STEPHENS CEMETERY
23d. LOCATION (City, town, or county): MONROE COUNTY, MO
24. FUNERAL DIRECTOR: Wilson & Sons ADDRESS: Monroe City Mo
25. DATE RECD. BY LOCAL REG.: 11-5-1959
26. REGISTRAR'S SIGNATURE: E. M. Lynch

(Licensed Embalmer's Statement on Reverse Side)

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 me, Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City

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