

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018090

FILED VS. MAY 4 1960

360

Primary Registration District No. 3076

Registrar's No. 88

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>		Length of stay in 1b <u>40 years</u>		c. CITY OR TOWN <u>Nevada</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>Nevada Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>578 West Lee</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Walter</u> Middle <u>Ford</u> Last <u>Ford</u>				4. DATE OF DEATH Month <u>April</u> Day <u>21</u> Year <u>1960</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>4/22/1878</u>		9. AGE (last birthday) <u>81</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Restaurant worker</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) <u>Ballard Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>			
13a. FATHER'S NAME <u>Samuel Ford</u>				13b. MOTHER'S MAIDEN NAME <u>Martha Ann Fisher</u>				14. NAME OF HUSBAND OR WIFE <u>Stella M. 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>500-07-1722</u>				17. INFORMANT Address <u>Mrs. Stella Ford Nevada Missouri</u>					
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>Shock from Fall & Fractured Left Hip</u> Fall at home at about 3 AM Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____										INTERVAL BETWEEN ONSET AND DEATH (<u>One Day</u>)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Myocarditis</u>										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 checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <u>Fall at home & Fractured Left Hip</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Fell in his bedroom in early morning hours.</u>									
20c. TIME OF INJURY Hour <u>3</u> a.m. - p.m. - <u>4-21-60</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In his home</u>		20f. CITY, TOWN, OR LOCATION <u>Nevada</u>		COUNTY <u>Vernon</u>		STATE <u>Mo.</u>			
21. I attended the deceased from <u>Apr 21 - 60</u> to <u>Apr 21 - 60</u> and last saw <u>him</u> alive on <u>Apr 21 - 1960</u> Death occurred at <u>1:00 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>W. Slove</u> (Degree or title)						22b. ADDRESS <u>Nevada, Mo</u>			22c. DATE SIGNED <u>4/22/60</u> (State)				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4/23/1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u>				23d. LOCATION (City, town, or county) <u>Nevada Missouri</u>					
24. FUNERAL DIRECTOR ADDRESS <u>Eichinger Funeral Home Nevada, Missouri</u>						25. DATE RECD. BY LOCAL REG. <u>4-26-1960</u>			26. REGISTRAR'S SIGNATURE <u>Anna E. Ferris</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Percy F. Milster

Licensed Embalmer No. 4805

P. O. Address Neveda, 1

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.