

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 26 1960

60-034039

STATE FILE NUMBER

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 263

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY Callaway			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Montgomery			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		Length of stay in 1b 2 years	c. CITY OR TOWN Mineola		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 1			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) _____		
3. NAME OF DECEASED (Type or print) First Thomas Middle Mort Last Ford			4. DATE OF DEATH Month September Day 19 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6/17/1899	9. AGE (last b/nday) 61	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern operator		10b. KIND OF BUSINESS OR INDUSTRY Missouri		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Jim Ford		13b. MOTHER'S MAIDEN NAME Ella Huddleston		14. NAME OF HUSBAND OR WIFE Mrs. Thomas Ford		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO. unk	17. INFORMANT State Hospital Records			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Left heart failure					INTERVAL BETWEEN ONSET AND DEATH	
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)				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 18.)		
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.) State Hospital No. 1		20f. CITY, TOWN, OR LOCATION COUNTY STATE 31 July 58 to 6:30 a m on the date stated above, and to the best of my knowledge, from the causes stated.		
21. <input checked="" type="checkbox"/> attended the deceased from _____ to _____ Death occurred at _____						
22a. SIGNATURE (Degree or title) Edward R. Kelly MD			22b. ADDRESS State Hospital No. 1, Fulton, Mo.		22c. DATE SIGNED 19 Sept 60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-21-1960	23c. NAME OF CEMETERY Montgomery City		23d. LOCATION (City, town, or county) (State) Montgomery City, Mo		
24. FUNERAL DIRECTOR D B Baker New Florence, Mo		ADDRESS	25. DATE RECD. BY LOCAL REG. 9/21/1960	26. REGISTRAR'S SIGNATURE Marilla Lawrence		

BY AFFIDAVIT OF

SEP 28 1960

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 D B Baker

Licensed Embalmer No. 3375

P. O. Address New Florence,

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.