SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 1 1961

-61-001820
STATE FILE NUMBER

AMENDED

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage — Length of stay in 1b 6½ yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. McCune Brooks — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Carthage — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 501 Euclid Blvd. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JoEllen Middle Last Ford
4. DATE OF DEATH Month January Day 22, Year 1961
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7-4-54
9. AGE (last birthday) 6 — 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) School
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) Carthage, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Frank Ellsworth Ford, Jr.
13b. MOTHER'S MAIDEN NAME Helen Marsden
14. NAME OF HUSBAND OR WIFE None
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. None
17. INFORMANT Frank E. Ford, Jr. Address Carthage, 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) Rupture of aneurysm of base of brain — INTERVAL BETWEEN ONSET AND DEATH minutes–
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. ☐ 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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from birth, to Jan. 22, 1961 and last saw her/him alive on Jan. 22, 1961
Death occurred at 1155 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Charles H. Scheel, M.D. (Degree or title)
22b. ADDRESS Medical Bldg., Carthage, Mo.
22c. DATE SIGNED Jan. 22, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan. 25, 1961
23c. NAME OF CEMETERY OR CREMATORY Park Cemetery
23d. LOCATION (City, town, or county) (State) Carthage, Missouri

24. FUNERAL DIRECTOR Ulmer Funeral Home — ADDRESS Carthage, Mo.
25. DATE RECD. BY LOCAL REG. 1-23-61
26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED
BY AFFIDAVIT OF DOCUMENT

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 Melvin Garrett

Licensed Embalmer No. 5121

P. O. Address Carthage, Mo.

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.