MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-021892
STATE FILE NUMBER

AMENDED

Registration District No. 207 Primary Registration District No. _____ Registrar's No. 19

FILED JUN 16 1961

1. PLACE OF DEATH
a. COUNTY: Maries

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Maries

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rt. 3, Rolla
Length of stay in 1b: life

c. CITY OR TOWN: Rt. 3 Rolla
Inside Limits: Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Rt. 3 Rolla
Inside Limits: Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location): Rt. 3, Rolla
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First FRANCES Middle FORD Last RAY

4. DATE OF DEATH: Month June Day 2, Year 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 10/15/1878
9. AGE (last birthday): 82
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and state or country): Maries County, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Martin V. Ford
13b. MOTHER'S MAIDEN NAME: Caroline Hood
14. NAME OF HUSBAND OR WIFE: Ed. Ray Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Virginia Ray Address: Rt. 3, Rolla, 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): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): C Decompensation — 6 Months
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility.

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 1948, to 6/2/61 and last saw her/him alive on 5/23/61
Death occurred at 5:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [illegible] (Degree or title) DO
22b. ADDRESS Rolla Mo
22c. DATE SIGNED 6/3/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/4/1961
23c. NAME OF CEMETERY OR CREMATORY: Macedonia Cem
23d. LOCATION (City, town, or county) (State): Rolla, Mo.

24. FUNERAL DIRECTOR ADDRESS: Carl J. Glenn West 10th. st., Rolla, Mo.
25. DATE RECD. BY LOCAL REG.: 6-5-1961
26. REGISTRAR'S SIGNATURE: Mazelle Hutchison

(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 Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Rolla, 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.