

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014215

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 042

Primary Registration District No. 1000

Registrar's No. 468

468

FILED APR 30 1962

I. PLACE OF DEATH

a. COUNTY **Buchanan**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Joseph** Length of stay in 1b **22 days**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Joseph State Hosp.** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **DeKalb**
 c. CITY OR TOWN **Stewartsville** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First **GEORGE** Middle **A.** Last **FORD** **4. DATE OF DEATH** Month **April** Day **22** Year **1962**

5. SEX **Male** **6. COLOR OR RACE** **White** **7. Married** **Never Married** **Widowed** **Divorced** **8. DATE OF BIRTH** **Sept. 2, 1883** **9. AGE (last birthday)** **78** **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) **Cement contractor** **10b. KIND OF BUSINESS OR INDUSTRY** **Womego, Kansas** **11. BIRTHPLACE** (City and state or country) **USA** **12. CITIZEN OF WHAT COUNTRY**

13a. FATHER'S NAME **unknown** **13b. MOTHER'S MAIDEN NAME** **unknown** **14. NAME OF HUSBAND OR WIFE** **unknown**

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.** **unknown** **17. INFORMANT** **Records, St. Hospital #2, City** Address

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**
 DUE TO (b) _____
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Chronic Brain Syndrome due to cerebral arteriosclerosis & psychosis & anemia; Bronchopneumonia** **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.) **Patient was noted unable to walk on ward**

20c. TIME OF INJURY Hour **April 12, 1962** Month, Day, Year **R. hip; intertrachanteric fracture**

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.) **Park 14, Hosp. ward** **20f. CITY, TOWN, OR LOCATION** **St. Joseph** **Buchanan** **Missouri**

21. I attended the deceased from **viewed the body** **has** **him** **arrive on** **April 22, 1962**
 Death occurred at **9:15 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Mary Barnes M.D.** **22b. ADDRESS** **St. Joseph, Mo** **22c. DATE SIGNED** **April 22, 1962**

23a. BURIAL, CREMATION, OR REMOVAL (Specify) **Removal** **23b. DATE** **4-22-1962** **23c. NAME OF CEMETERY OR CREMATORY** **Manhattan** **23d. LOCATION** (City, town, or county) **Kansas** (State)

24. FUNERAL DIRECTOR **WE. Summerfield, Stewartville, Mo.** **25. DATE RECD. BY LOCAL REG.** **April 22, 1962** **26. REGISTRAR'S SIGNATURE** **Mrs. Clark Goodall**

(Licensed Embalmer's Statement on Reverse Side)

VS 300
Rev. 4/59

15117

20320

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF **M. Barnes, M.D.**

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO.

3			
4	0		
5	2		
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11	1293-0		
13	1-0		

MAY 3 1962

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 W. E. Summerreed

Licensed Embalmer No. 3007

P. O. Address Stevensville Md

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.