MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-033388
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 337 Primary Registration District No. 4499 Registrar's No. 38

FILED SEP 6 1962

1. PLACE OF DEATH
a. COUNTY: Shelby
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Shelbina — Length of stay in 1b: 26 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 211 East Spruce St. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri COUNTY: Shelby
c. CITY OR TOWN: Shelbina — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 211 East Spruce St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Mary Middle: Ella Last: Ford
4. DATE OF DEATH: Month: August Day: 29, Year: 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: June 14, 1874
9. AGE (last birthday): 88 — 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): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Robert A. Cohen
13b. MOTHER'S MAIDEN NAME: Mary Helen Raymond
14. NAME OF HUSBAND OR WIFE: William Price Ford
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: Miss Helen Ford, Address: Shelbina, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a): Acute myocardial failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease
DUE TO (c): Generalized arteriosclerosis
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 August 26, 1962, to August 29, 1962 and last saw her/him alive on August 29, 1962
Death occurred at P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R.A. Mikalenich D.O. (Degree or title)
22b. ADDRESS: Shelbina, Missouri
22c. DATE SIGNED: 8-30-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/31/1962
23c. NAME OF CEMETERY OR CREMATORY: Shelbina Cemetery
23d. LOCATION (City, town, or county) (State): Shelbina, Missouri

24. FUNERAL DIRECTOR ADDRESS: Hayes Funeral Home, Shelbina, Mo.
25. DATE RECD. BY LOCAL REG.: 8-31-62
26. REGISTRAR'S SIGNATURE: Marianne Simpson

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	10	20	
2	10	20	
3			
4	1		
5	2		
6			
7	0		
8	2		
9	4200		
10			
11			
12	90-2		
13	3-0		

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

Issued Permit 8-31-62 - Md

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 Paul E. Hayes

Licensed Embalmer No. 4461

P. O. Address Shelbina, 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.