

FILED APR 15 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124

68 0011829

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 92DO NOT WRITE
ON THIS STUB

VS 300

Rev. 1/68

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. <u>WESLEY</u>		<u>SHERMAN</u>	<u>FORD</u>	2. <u>Male</u>	3. <u>April 8, 1968</u>		
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. <u>White</u>		5a. <u>77</u>	5b. <u>77</u>	5c. <u>77</u>	6. <u>July 8, 1890</u>		7a. <u>Henry</u>
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. <u>Clinton</u>		7c. <u>yes</u>		7d. <u>General Hospital</u>			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. <u>Missouri</u>		9. <u>U.S.A.</u>		10. <u>Widowed</u>		11. <u></u>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. <u>none</u>		13a. <u>Farmer</u>		13b. <u>Retired</u>			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		
14a. <u>Missouri</u>		14b. <u>Johnson</u>	14c. <u>Chilhowee</u>		14d. <u>yes</u>		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15. <u>Francis</u>		<u>Henry</u>	<u>Ford</u>	<u>Ford</u>	16. <u>Sarah</u> <u>Bailey</u>		
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. <u>Mrs. Finis Mosley</u>				17b. <u>Chilhowee, Missouri 64733</u>			
PART I. DEATH WAS CAUSED BY:				[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			
18. IMMEDIATE CAUSE				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
(a) <u>Cerebral Hemorrhage</u>				<u>2 days</u>			
(b) DUE TO, OR AS A CONSEQUENCE OF:							
(c) DUE TO, OR AS A CONSEQUENCE OF:							
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST							
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH (NOT RELATED TO CAUSE GIVEN IN PART I (a))				AUTOPSY (YES OR NO)			
<u>Parkinson's Disease</u>				19a. <u>No</u>			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)				DATE OF INJURY (MONTH, DAY, YEAR)			
20a. <u>NO</u>				20b. <u>NO</u>			
INJURY AT WORK (SPECIFY YES OR NO)				PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)			
20a. <u>NO</u>				20b. <u>NO</u>			
LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)				20c. <u>NO</u>			
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM				MONTH DAY YEAR			
21a. <u>6-22-45</u>				21b. <u>4-8-68</u>			
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.				HOUR OF DEATH			
21a. <u>6-22-45</u>				21b. <u>4-8-68</u>			
THE DECEASED WAS PRONOUNCED DEAD				MONTH DAY YEAR HOUR			
21a. <u>6-22-45</u>				21b. <u>4-8-68</u>			
CERTIFIER—NAME (TYPE OR PRINT)				SIGNATURE			
22a. <u>S. B. HUGHES</u>				22b. <u>S. B. Hughes, M.D.</u>			
MAILING ADDRESS—CERTIFIER				CITY OR TOWN STATE ZIP			
22a. <u>106 S. 3rd</u>				22b. <u>CLINTON MO. 64733</u>			
BURIAL, CREMATION, REMOVAL (SPECIFY)				CEMETERY OR CREMATORY—NAME			
23a. <u>Burial</u>				23b. <u>Mineral Creek</u>			
DATE (MONTH, DAY, YEAR)				FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24a. <u>April 11, 1968</u>				24b. <u>Cook Funeral Home, Chilhowee, Missouri 64733</u>			
FUNERAL DIRECTOR—SIGNATURE				REGISTRAR—SIGNATURE			
25a. <u>Jacob</u>				25b. <u>Mildred Bigum</u>			
DATE RECEIVED BY LOCAL REGISTRAR				26. <u>April 9, 1968</u>			

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

4-19-68
4-26-68

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 Jacob
Licensed Embalmer No. 4335

P. O. Address Chilhowee, 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.

Permit obtained 4-29-68 (M.B.)