

STANDARD CERTIFICATE OF DEATH

FILED MAY 3 1949

State File No. 12177

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. 137	PRIMARY REG. DIST. NO. 4218	Registrar's No. 102
1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry		
b. CITY (If outside corporate limits, write RURAL and give township) Windsor		c. CITY (If outside corporate limits, write RURAL and give township) Windsor		
c. LENGTH OF STAY (In this place) 38 yrs.		d. STREET ADDRESS (If rural, give location) 601 N. Commercial		
d. FULL NAME OF HOSPITAL OR INSTITUTION 601 N. Commercial		d. STREET ADDRESS (If rural, give location) 601 N. Commercial		
3. NAME OF DECEASED (Type or Print) Lewis		a. (First) Lewis	b. (Middle) A.	c. (Last) Ford
4. DATE OF DEATH April 26 1949				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 9, 1860	9. AGE (In years last birthday) 88
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming-retired		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Tennessee	12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME John Ford		13b. MOTHER'S MAIDEN NAME Mahala	14. NAME OF HUSBAND OR WIFE Viola Tate Ford	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Viola Ford, Windsor, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Insufficiency Myocardial Infarct DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Fractured Hip 4-20-49 Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1-49 4-20-49
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1-18, 1949 to 4-26, 1949 that I last saw the deceased alive on 4-26, 1949, and that death occurred at 8:05 p. m., from the causes and on the date stated above.				
23a. SIGNATURE W. J. Jennings, M.D.		23b. ADDRESS Windsor, Mo.		23c. DATE SIGNED 4-27-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-27-49	24c. NAME OF CEMETERY OR CREMATORY Laurel Oak	24d. LOCATION (City, town, or county) (State) Windsor, Mo.
DATE REC'D BY LOCAL REG. 4-27-49		REGISTRAR'S SIGNATURE Florena Adair		4218. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Huston Turner, Windsor, Mo.

RECEIVED

District Health Officer No. 7,

District File Number 4-49-458

Date Filed 5-2-49

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.

Signed _____

William M. Turner

Signed _____
Student Embalmer

Licensed Embalmer No. 4648

P. O. Address Windsor, M

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 this body is not embalmed, fact should be so stated above.