

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4649**

FILED FEB 21 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clinton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Deepwater 3020</b>	
c. LENGTH OF STAY (In this place) <b>4 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Moore's Nursing Home</b>			

3. NAME OF DECEASED (Type or Print) <b>Henry</b>	a. (First) <b>Henry</b>	b. (Middle) <b>C</b>	c. (Last) <b>Tord</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 13 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>6-17-1862</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (State or foreign country) <b>Wisconsin</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>O. F. Lord</b>	13b. MOTHER'S MAIDEN NAME <b>Mary A. Cobner</b>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Maie Lucy Moore</b> ADDRESS <b>Clinton Mo</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial failure</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>7824</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **2/11** 19**50**, to **2/13** 19**50**, that I last saw the deceased alive on **2/11** 19**50**, and that death occurred at **3 P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. C. Decker M.D.</b> (Degree or title)	23b. ADDRESS <b>Clinton Mo</b>	23c. DATE SIGNED <b>2/14/50</b>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-15-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Deepwater Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Henry Co. Mo</b>
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DATE REC'D BY LOCAL REG <b>Feb-15-50</b>	REGISTRAR'S SIGNATURE <b>Florence Adams</b>	425 25. FUNERAL DIRECTOR'S SIGNATURE <b>L. S. Johnson</b> ADDRESS <b>Clinton</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No.

District File Number 1-50-8

Date Filed 2-20-2

**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 .....  
Student Embalmer

Signed

*Robert L. Dunning*

Licensed Embalmer No. 2870

P. O. Address Clinton 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 this body is not embalmed, fact should be so stated above.