

FILED OCT 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30195

State File No. ....

0420  
1

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

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>4214</u>		Registrar's No. <u>30</u>			
1. PLACE OF DEATH a. COUNTY <u>HENRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>HENRY</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Deepwater Mo at Home</u>		c. LENGTH OF STAY (in this place) <u>Mo at Home</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Deepwater</u>		<u>0420</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Wagner</u> c. (Last) <u>Ford</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 23-1950</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 1-1870</u>			
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>22</u>		IF UNDER 24 HRS. Hours <u>1</u> Min. <u>1</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tile Inspector, Get</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Tile Factory</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Jessie Ford</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Ludie Ford</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ludie Ford</u>				ADDRESS <u>Deepwater Mo</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>  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. <u>paralysis. R side</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 hr</u>	
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) (Min.)		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 <u>9-1</u> , 19 <u>49</u> , to <u>9-23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9-27</u> , 19 <u>50</u> , and that death occurred at <u>7:30 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>M.D. D. Clinton Mo</u>				23b. ADDRESS		23c. DATE SIGNED <u>9-25-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-26-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Deepwater Cemetery Deepwater Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>			
DATE REC'D BY LOCAL REG. <u>Sept 25-1950</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		4225 F. FUNERAL DIRECTOR'S SIGNATURE <u>Fern Stuart</u>		ADDRESS <u>Deepwater Mo</u>			

**RECEIVED**

*10/2/50*

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed: *10/2/50*

**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 *Tom Hunt*

Licensed Embalmer No. *2782*

P. O. Address *Dequater 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.