

FILED OCT 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32970
Registrar's No. 44

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3022		Registrar's No. 44	
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 OR TOWN Clinton		c. LENGTH OF STAY (in this place) 1 year		c. CITY OR TOWN Clinton		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 203 S. Washington				e. STREET ADDRESS (If rural, give location) 203 S. Washington			
3. NAME OF DECEASED (Type or Print) a. (First) VIOLA b. (Middle) ZELMA c. (Last) FORD			4. DATE OF DEATH (Month) (Day) (Year) Oct. 21, 1955				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed		8. DATE OF BIRTH Sept. 5, 1865	
9. AGE (In years last birthday) 90		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Erie, Pennsylvania	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Tate		13b. MOTHER'S MAIDEN NAME Frances Chase		14. NAME OF HUSBAND OR WIFE L.A. Ford	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Arch Ford, Holder, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Decompensated Cor pulmonale ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4343					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>D.O.A. 10-21-55</u> and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Wm. C. Sunderwirth, D.O. Acting Coroner				23b. ADDRESS Clinton, Mo.		23c. DATE SIGNED 10-22-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-23-55		24c. NAME OF CEMETERY OR CREMATORY Laurel Oak		24d. LOCATION (City, town, or county) (State) Hindsar, Missouri	
DATE REC'D BY LOCAL REG. 10-2-55		REGISTRAR'S SIGNATURE Florence Adair		42.2 FUNDAL DIRECTOR'S SIGNATURE Huston Turner		ADDRESS Hindsar, Mo.	

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

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 *William M. Turner*.....

Licensed Embalmer No. *46*.....

P. O. Address *Windsor*.....

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.