

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-001276

FILED VS JAN 11 1960

Registration District No. 137 Primary Registration District No. _____ Registrar's No. 4

STATE FILE NUMBER

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, give TOWNSHIP only) OR TOWN <u>Deepwater</u>		Length of stay in 1b <u>95</u>	c. CITY OR TOWN <u>Deepwater</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>XXXXXXXX</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>none</u>
e. INSIDE LIMITS Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Lydia</u> Middle <u>K.</u> Last <u>Ford</u>			4. DATE OF DEATH Month <u>January</u> Day <u>3</u> Year <u>1960</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/23/1871</u>	9. AGE (last birthday) <u>88</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and state or country) <u>Cape Griaardeu, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S.</u>
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13a. FATHER'S NAME <u>Rev. Wm. Carl Kiesel</u>	13b. MOTHER'S MAIDEN NAME <u>Christine Horn</u>	14. NAME OF HUSBAND OR WIFE <u>Jim Ford</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Bessie Marquis, Deepwater, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Myocardial Insufficiency</u>	<u>3-4 wks.</u>
	DUE TO (c) <u>Recurrent Cerebral Thrombosis</u>	<u>2-3 mos.</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized arteriosclerosis + Senility</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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21. I attended the deceased from 8-1-59 to 1-3-60 and last saw her alive on 1-2-60
Death occurred at 2⁰⁰ a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Clinton L. Glasgow, D.O.</u> (Degree or title)	22b. ADDRESS <u>105 E. Ohio Clinton, Mo.</u>	22c. DATE SIGNED <u>1/4/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan. 5, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Deenwater Cemetary</u>	23d. LOCATION (City, town, or county) <u>Deepwater, Mo.</u>
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24. FUNERAL DIRECTOR <u>MELVIN L. JANSSENS</u> ADDRESS <u>DEEPWATER</u>	25. DATE RECD. BY LOCAL REG. <u>Jan. 4, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Melvin L. Lamssem

Licensed Embalmer No. *4524*

P. O. Address *Applinton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.