

FILED MAR 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3221**

BIRTH NO. _____ REG. DIST. NO. **175** PRIMARY REG. DIST. NO. **3036** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora	
c. LENGTH OF STAY (in this place) 2 wks		d. STREET ADDRESS (If rural, give location) 125 W. Hawthorne St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Aurora Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Robert	b. (Middle) Luther	c. (Last) Ford	4. DATE OF DEATH (Month) (Day) (Year) Feb. 4, 1951
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 20, 1877	9. AGE (In years last birthday) 73	10. MONTHS 2	11. DAYS 14	12. HOURS 	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Batesville, ARK.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME D. R. Ford	13b. MOTHER'S MAIDEN NAME MARTHA HEADSTREAM	14. NAME OF HUSBAND OR WIFE VIOLA RUTH Ford
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of dates of service) No.	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME VIOLA R. Ford	ADDRESS Aurora, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis -		
	ANTECEDENT CAUSES with myocardial infarction Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. acute		
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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **1946** to **Feb-4, 1951**, that I last saw the deceased alive on **Feb-4, 1951**, and that death occurred at **11:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. P. [Signature]	(Degree or title) Dr. P.	23b. ADDRESS Aurora, Mo.	23c. DATE SIGNED 2-5-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/6/51	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. MARIONVILLE	24d. LOCATION (City, town, or county) (State) MARIONVILLE, MO.
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DATE REC'D BY LOCAL REG. Feb. 27, 51	REGISTRAR'S SIGNATURE Oswald Me Natt	25. FUNERAL DIRECTOR'S SIGNATURE Osborn L. Marsh	ADDRESS Aurora MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAR 2 1957

Dist. File 351-427

Date Filed 3-2-57

MAR 6 1957

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Gene Harvett

Signed.....
Student Embalmer

Licensed Embalmer No. 4809

P. O. Address Quincy, 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.