

No. 300
10.48

FILED FEB 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44075

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5715 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY McDonald 0600		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Jane		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Same as 1 b	
c. LENGTH OF STAY (In this place) Lifetime		d. STREET ADDRESS (If rural, give location) Route 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Harvey b. (Middle) Lafayette c. (Last) Ford			4. DATE OF DEATH (Month) (Day) (Year) 12 20 1951			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 14, 1859	9. AGE (In years last birthday) 92	10. IF UNDER 1 YEAR 10 Months 6 Days	11. IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Ford	13b. MOTHER'S MAIDEN NAME Betsie Young	14. NAME OF HUSBAND OR WIFE Nancy Elizabeth Jackson
---------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Tommy Ford	ADDRESS Pineville, Missouri
--	------------------------------	--	-----------------------------

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 ?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility 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 4341	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 Nov 2, 1951, to Dec 20, 1951, that I last saw the deceased alive on Dec 20, 1951, and that death occurred at 7:45P m., from the causes and on the date stated above.

23a. SIGNATURE Scott Samuel, M.D.	(Degree or title)	23b. ADDRESS Pineville, Mo.	23c. DATE SIGNED 12/29/51
-----------------------------------	-------------------	-----------------------------	---------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-29-51	24c. NAME OF CEMETERY OR CREMATORY Jane, Mo. Cemetery	24d. LOCATION (City, town, or county) (State) Jane, Missouri
--	--------------------	---	--

DATE REC'D BY LOCAL REG. 1-12-52	REGISTRAR'S SIGNATURE M. J. Humphrey	423	25. FUNERAL DIRECTOR'S SIGNATURE Wm. A. Burns	ADDRESS Burns Funeral Home Bentonville, Arkansas
----------------------------------	--------------------------------------	-----	---	--

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
Student Embalmer

Signed William J. Burns

Licensed Embalmer No. 5570

P. O. Address Rogers Ark

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.