

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. 4792

No. 300
10. 48

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Wasson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY OR TOWN <u>West Plains</u> (If outside corporate limits, write RURAL and give township)	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Jaco Springs</u> (If outside corporate limits, write RURAL and give township)	<u>2000</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Paul Surgical</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Gas</u>	b. (Middle) <u>Lowm</u>	c. (Last) <u>Ford</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-20-52</u>
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5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>1-17-1867</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work depending most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>Camden Hunt, MO USA</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Henry Ford</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy</u>	14. NAME OF HUSBAND OR WIFE <u>James 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) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs E.C. Morris, West Plains</u>	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis & Hypertension</u>		
	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 <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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 1-10 1952 P. 10 1-20, 1952, that I last saw the deceased alive on 1-20, 1952, and that death occurred at 11:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>G.B. Stoll, M.D.</u> (Degree or title)	23b. ADDRESS <u>West Plains, MO</u>	23c. DATE SIGNED <u>1-28-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>1-22-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jaco Springs</u>	24d. LOCATION (City, town, or county) (State) <u>Jaco Springs, MO</u>
DATE REC'D BY LOCAL REG. <u>3-7-52</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	U.S. FUNERAL DIRECTOR'S SIGNATURE <u>Robert M. West Plains, MO</u>	

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

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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

A. D. Roberts

Licensed Embalmer No. *3437*

P. O. Address

West Plains, 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.