

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8358**

No. 300
10.48

FILED MAR 22 1952

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1109**

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Windsor	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Edwardsville, Mo. #1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cateopathic Hosp.		d. STREET ADDRESS (If rural, give location) 8150th St	

3. NAME OF DECEASED a. (First) Benjamin b. (Middle) Alec c. (Last) Ford		4. DATE OF DEATH a. (Month) Feb. b. (Day) 9 c. (Year) 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Jan. 14-1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) General Mechanic		11. BIRTHPLACE (State or foreign country) Unionville, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Steven Ford	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Dollie Ford
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 Robert G. Ford ADDRESS 808th St. No. 110, Edwardsville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) metastatic carcinoma DUE TO (c) Carcinoma of prostate		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized carcinoma		
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) (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 **July 25, 1951**, to **March 6, 1952**, that I last saw the deceased alive on **Mar 5, 1952**, and that death occurred at **3:35A m.**, from the causes and on the date stated above.

23a. SIGNATURE M. M. Snedeker (Degree or title)	23b. ADDRESS 7548 Leavenworth Rd; Bethel	23c. DATE SIGNED Mar. 8 '52
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 3-10-52	24c. NAME OF CEMETERY OR CREMATORY St. C. Catholic
24d. LOCATION (City, town, or county) (State)	25. FUNERAL DIRECTOR'S SIGNATURE Daniel B. Ford ADDRESS 336 N. Main, St. C. Mo.	
DATE REC'D BY LOCAL REG. 3-8-52	REGISTRAR'S SIGNATURE Deraldine Holmes	

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

Harold E. Eckert

Licensed Embalmer No. *3035*

P. O. Address *Kansas City*

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.