

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15525

State File No.

MAY 20 1952

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3002 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett, Missouri</u>	c. LENGTH OF STAY (in this place) <u>10 Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Purdy, Missouri</u>	<u>0050</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Unknown</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sallie</u> b. (Middle) <u>Ann</u> c. (Last) <u>Ford</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 28, 1952</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 20, 1881</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 100 Hrs. 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>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Benton County Ark.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Renolds Jones</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Foster</u>	14. NAME OF HUSBAND OR WIFE <u>Lee 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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Chester Terry Purdy, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile dementia</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> ANTECEDENT CAUSES <u>Cerebral hemorrhage</u> 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.		INTERVAL BETWEEN ONSET AND DEATH <u>10 day</u>
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) <u>331X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 4/28/52 1952, to 4/28/52 1952, that I last saw the deceased alive on 4/27/52 1952, and that death occurred at 5:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. W. H. ...</u> (Degree or title)	23b. ADDRESS <u>Monett Mo</u>	23c. DATE SIGNED <u>4/28/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4-28-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Twelve Corner Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Pea Ridge, Ark.</u>
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DATE REC'D BY LOCAL REG. <u>May 17-1952</u>	REGISTRAR'S SIGNATURE <u>Oliver C. Warming</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph M. ...</u>	ADDRESS <u>Pea Ridge, Ark.</u>
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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 C. B. Porter
By RM
Licensed Embalmer No. 599

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.