

FILED AUG. 4, 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3135

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1012		Registrar's No. 3135		
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 3 1/2 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY				
d. FULL NAME OF HOSPITAL OR INSTITUTION St. MARY'S HOSPITAL				d. STREET ADDRESS (If rural, give location) 5804 GRAND AVE. 3838				
3. NAME OF DECEASED (Type or Print) a. (First) HUGH b. (Middle) c. (Last) FORD			4. DATE OF DEATH 7 - 9 - 52		5. SEX M 0		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Nov. 24 1891		9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Express Agency		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Express Agency		10b. KIND OF BUSINESS OR INDUSTRY MESSENGER SERVICE		11. BIRTHPLACE (City and State or Foreign Country) ARKANSAS		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME George W. Ford		13b. MOTHER'S MAIDEN NAME July		14. NAME OF HUSBAND OR WIFE GRACE FORD				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 711-05-7188		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. GRACE FORD - 5804 GRAND AVE.				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Anterior Myocardial Infarction  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerotic Heart Disease 9 mos.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  4200				INTERVAL BETWEEN ONSET AND DEATH 3 days		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 Dec 3, 1952, to July 9, 1952, and that death occurred at 7:45 P.M., from the causes and on the date stated above.								
23a. SIGNATURE Donald J. Smith, M.D. (Degree or title)				23b. ADDRESS 8023 Santa Fe Dr. Overland Park, Mo.		23c. DATE SIGNED July 19, 1952		
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE 7-12-52		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		24d. LOCATION (City, town, or county) (State) K.C. MO.		
DATE REC'D BY LOCAL REG. 7-10-52		REGISTRAR'S SIGNATURE Heraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & MC CLURE KANSAS CITY, MO.				

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 21 1952

5023  
Ne  
4393  
Dr. [unclear]  
[unclear]

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

*J. P. Walton*

Licensed Embalmer No. 2744

P. O. Address *Ne 4393*

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.