

STANDARD CERTIFICATE OF DEATH

State File No. 24839

493
304-Grant

FILED JUL 24 1952

BIRTH NO. REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 1734

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. CITY (If outside corporate limits, write RURAL and give township) Carthage	
c. LENGTH OF STAY (in this place) 16 Days		d. STREET ADDRESS (If rural, give location) Route # 4 Carthage, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McCune Brooks Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Matthew c. (Last) Ford			4. DATE OF DEATH (Month) (Day) (Year) July 15, 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug. 3, 1878			9. AGE (In years last birthday) 73		10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Christian Co. Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Lemuel Burr Ford		13b. MOTHER'S MAIDEN NAME Anna Quick		14. NAME OF HUSBAND OR WIFE Ruby Flanders Ford	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Ruby Flanders Ford	
				ADDRESS Carthage, Mo. Route # 4	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 20 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		DUE TO (b) Arteriosclerosis			UNKNOWN
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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		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)		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 6-30, 1952, to 7-15, 1952, that I last saw the deceased alive on 7-15, 1952, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D. D. 304 Grant Carthage, Mo.		23b. ADDRESS		23c. DATE SIGNED 7-17-52	
--	--	--------------	--	--------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/18/52		24c. NAME OF CEMETERY OR CREMATORY Fasken Cemetery	
				24d. LOCATION (City, town, or county) (State) Jasper, Missouri	

DATE REC'D BY LOCAL REG. 7-17-52		REGISTRAR'S SIGNATURE LB Clutter M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ulmer Funeral Home, Carthage, Mo.	
----------------------------------	--	---------------------------------------	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-23-52
Jasper County Health Office

County File Number 52/7/507
Date Filed 7-23-52

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 _____

Robert E. Muhlman

Student Embalmer No. 462

working under my personal supervision.

Student Robert E. Muhlman
Student Embalmer

Signed William B. Cantrell

Licensed Embalmer No. 4820

P. O. Address Acuthy, 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.