

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43129

State File No.

FILED DEC 30 1952

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5998 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY PUTNAM		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PUTNAM	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "RURAL" YORK TOWNSHIP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "RURAL" YORK TOWNSHIP	
c. LENGTH OF STAY (in this place) LIFE TIME		d. STREET ADDRESS (If rural, give location) LUCERNE	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) ROY	b. (Middle)	c. (Last) FORDICE	(Month) DECEMBER	(Day) 16	(Year) 1952

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JULY 20, 1882	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 4 Days 26	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM HAND	10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (State or foreign country) PUTNAM COUNTY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME ULE FORDICE	13b. MOTHER'S MAIDEN NAME ALICE MARSHALL	14. NAME OF HUSBAND OR WIFE AMERICA FORDICE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	(If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 495-26-3929	17. INFORMANT'S SIGNATURE OR NAME MR. OBERT DENNIS HASKIN, IOWA	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.			

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)
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE Mrs. H. H. ...	(Degree or title)	23b. ADDRESS UNIONVILLE, MISSOURI	23c. DATE SIGNED 12/17/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12/18/52	24c. NAME OF CEMETERY OR CREMATORY WYREKA CEMETERY	24d. LOCATION (City, town, or county) (State) PUTNAM COUNTY, MISSOURI
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DATE REC'D BY LOCAL REG. 12-23-52	REGISTRAR'S SIGNATURE Marvell Durbin	25. FUNERAL DIRECTOR'S SIGNATURE COMSTOCK FUNERAL HOME	ADDRESS UNIONVILLE, MO.
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

John N Comstock

Signed.....

Student Embalmer

Licensed Embalmer No. *3891*

P. O. Address *Thienville, 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.