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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20953

State File No.

FILED JUN 27 1953

BIRTH NO. REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 61

1. PLACE OF DEATH
a. COUNTY: Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carrollton
c. LENGTH OF STAY (In this place): one day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bales Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Carroll
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bosworth 0170 0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ANDREW
b. (Middle):
c. (Last): ORD

4. DATE OF DEATH (Month): 6 (Day): 22 (Year): 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 10-1886
9. AGE (In years last birthday): 66 IF UNDER 1 YEAR Months: 6 Days: 12 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): merchant
10b. KIND OF BUSINESS OR INDUSTRY: Grocery
11. BIRTHPLACE (State or foreign country): Bosworth, Mo. "rural"
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Robert Ord
13b. MOTHER'S MAIDEN NAME: abigail Woodard
14. NAME OF ~~HUSBAND~~ OR WIFE: Mrs Elsie Ord
15. WAS DECEASED EVER IN U.S. ARMEDFORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 513-14-0848
17. INFORMANT'S SIGNATURE OR NAME: Mrs Elsie Ord ADDRESS: Bosworth, 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) lymphosarcoma of — INTERVAL BETWEEN ONSET AND DEATH: months

ANTECEDENT CAUSES (b) Anemia, cause (Malignancy) (c) Metastasis to liver

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Radiation x Ray — 3 weeks

Conditions contributing to the death but not related to the disease or condition causing death. Terminal CO Failure, 24 hours

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 1991
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-22, 1953, to 6-22, 1953, *that I last saw the deceased alive on* 6-22, 1953, *and that death occurred at* 6 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Elgin O. Bales (Degree or title)
23b. ADDRESS Carrollton Mo
23c. DATE SIGNED 6-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 24-1953
24c. NAME OF CEMETERY OR ~~CREMATORY~~: Big Creek
24d. LOCATION (City, town, or county): Bosworth (State): Mo.

DATE REC'D BY LOCAL REG.: 6-27-53
REGISTRAR'S SIGNATURE: Clyde L. Hodges
25. FUNERAL DIRECTOR'S SIGNATURE: Leyard + Edwards ADDRESS: Bosworth Missouri

(Licensed Embalmer's Statement on Reverse Side)

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 David J. Edward

Licensed Embalmer No. 3265

P. O. Address Bonworth W

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.