

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25331**
Registrar's No. **307**

FILED JUL 31 1953

REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **5568**

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

1. PLACE OF DEATH a. COUNTY JACKSON (Rural Blue)		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) INDEPENDENCE		c. CITY OR TOWN INDEPENDENCE	
c. LENGTH OF STAY (In this place) 25 YRS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 127 N. OXFORD		e. STREET ADDRESS (If rural, give location) 127 N. OXFORD (Rural Blue)	
3. NAME OF DECEASED a. (First) James b. (Middle) F. c. (Last) Ford			4. DATE OF DEATH (Month) (Day) (Year) July 25 1953
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 29, 1915
9. AGE (In years last birthday) 38		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC SULLIVAN CHEV.	11. BIRTHPLACE (City and State or Foreign Country) LATHROP, MO
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME George H. Ford		13b. MOTHER'S MAIDEN NAME ARTIE JAMES	
14. NAME OF HUSBAND OR WIFE WILLBERTA FORD		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 493-14-9705		17. INFORMANT'S SIGNATURE OR NAME George H. Ford ADDRESS 4925 CHESTNUT	
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* Cause of death unknown INTERVAL BETWEEN ONSET AND DEATH 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. Prolonged diabetes & alcoholism	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Post Refined 1955	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE Hugh A. Queen (Degree or title)		23b. ADDRESS 1034 Riatta Blvd	
23c. DATE SIGNED 7-27-53		24. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem	
24a. BURIAL CREMATION (Specify) BURIAL		24b. DATE 7-27-53	
24c. LOCATION (City, town, or county) (State) Trimble, MO		25. FUNERAL DIRECTOR'S SIGNATURE James J. ... ADDRESS NEWCOMERS N. K. C. MO	
DATE REC'D BY LOCAL REG. 7-27-53		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

FEB 18 1954

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.....
Signature of Student Embalmer

Signed *Glenn H. Hill*.....

Licensed Embalmer No. *4580*.....

P. O. Address *K.A. 16*.....

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 embalmed by a **STUDENT**, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.