

FILED JUN 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19748**

BIRTH NO. _____ REG. DIST. NO. **240** PRIMARY REG. DIST. NO. **4358** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) Lilbourn		c. CITY OR TOWN Lilbourn	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 8 Yrs		STREET ADDRESS (If rural, give location) 0720	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) Chester		b. (Middle) E.	
c. (Last) Ford		4. DATE OF DEATH (Month) (Day) (Year) June 14 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 20 1912
9. AGE (In years last birthday) 41	IF UNDER 1 YEAR (Months) 7	IF UNDER 24 HRS. (Days) 24	IF UNDER 12 HRS. (Hours) 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bar tender		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Mill Springs, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charley Ford		13b. MOTHER'S MAIDEN NAME Martha Erery	
14. NAME OF HUSBAND OR WIFE Magdeline Ford			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) war II		16. SOCIAL SECURITY NO. 489-14-8100	
17. INFORMANT'S SIGNATURE OR NAME Helen Ford		ADDRESS Lilbourn, Missouri	
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) _____		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) gunshot wound		immediate	
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. self administered			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E970X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE (Specify) suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) tavern	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lilbourn New Madrid Mo.			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 6/14/54 5 p m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? self		shot wife then shot	
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 W. L. Ponder (Degree or title)		23b. ADDRESS New Madrid, Mo.	
23c. DATE SIGNED 6/19/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 16 1954	
24c. NAME OF CEMETERY OR CREMATORY Chapel Hill Cemetery		24d. LOCATION (City, town, or county) (State) Mills Springs Mo.	
DATE REC'D BY LOCAL REG. 6-20-54		REGISTRAR'S SIGNATURE N. L. Ponder Deputy 2187	
25. FUNERAL DIRECTOR'S SIGNATURE Ponder Funeral Home		ADDRESS Lilbourn, Mo	

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Homer L. Ponder*

Licensed Embalmer No. *336*

P. O. Address *Tilbourn*

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.