

FILED JUN 23 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19749**

BIRTH NO. _____		REG. DIST. NO. <b>240</b>		PRIMARY REG. DIST. NO. <b>4358</b>		Registrar's No. <b>20</b>			
1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>Lilbourn</b>		c. LENGTH OF STAY (in this place) <b>8 Yrs</b>		c. CITY OR TOWN <b>Lilbourn</b>		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				STREET ADDRESS (If rural, give location) <b>0720</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Magdline</b>			b. (Middle)		c. (Last) <b>Ford</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 14 1954</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Nov. 10 1914</b>		9. AGE (In years last birthday) <b>39</b> IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) / <b>Maryland Kentucky</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Perry Mott</b>			13b. MOTHER'S MAIDEN NAME <b>Grace Humphrey</b>			14. NAME OF HUSBAND OR WIFE <b>Chester E. Ford</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Helen Ford Lilbourn, Missouri</b>				
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) _____  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) <b>gunshot wound</b>				INTERVAL BETWEEN ONSET AND DEATH      <b>immediate</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <b>E981X</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE X (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>tavern</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Lilbourn New Madrid Mo.</b>		21f. HOW DID INJURY OCCUR? <b>shot by .38 pistol in hands of husband</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>6/14/54 5 P.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
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 <i>Genevieve D. Sheriff</i> (Deputy or title)						23b. ADDRESS <b>New Madrid</b>		23c. DATE SIGNED <b>6/19/54</b>	
24a. BURIAL, CREMATION, REMOVAL (specify) <b>Burial</b>		24b. DATE <b>June 17 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Union Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Chaffee Missouri</b>			
DATE REC'D BY LOCAL REG. <b>6-20-54</b>		REGISTRAR'S SIGNATURE <i>H.L. Ponder Deputy</i> <b>21871</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ponder Funeral Home Lilbourn, Mo.</b>				

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 *Hillbourn*

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.