FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22693

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 697

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place): 10 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Burge Hosoital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dallas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Louisburg Grant
d. STREET ADDRESS (If rural, give location): Rural 0300

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

4. DATE OF DEATH (Month) (Day) (Year): 7- 18- 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 6- 1884
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 1, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: L. E. 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.: ----
17. INFORMANT'S SIGNATURE OR NAME: L.E.Ford
ADDRESS: Louisburg, 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) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atelectasis of lungs, partial — 5 days
DUE TO (c) Prolonged immobility (hypostatic) — 12 days

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Accidental trauma; Bleeding duodenal ulcer with massive hemorrhage — 5410

19a. DATE OF OPERATION: 7-16-54
19b. MAJOR FINDINGS OF OPERATION: Bleeding duodenal ulcer Spasm of Ampulla of Vater
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): Springfield, Greene, Missouri
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* 7-7-, 1954, *to* 7-18, 1954, *that I last saw the deceased alive on* 7-18, 1954, *and that death occurred at* 4:45P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert W. Maher, M. D. (Degree or title)
23b. ADDRESS: Prof. Bldg.
23c. DATE SIGNED: 7-20-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-21-1954
24c. NAME OF CEMETERY OR CREMATORY: Louisburg Cem
24d. LOCATION (City, town, or county) (State): Louisburg, Mo.

DATE REC'D BY LOCAL REG.: 7-20-54
REGISTRAR'S SIGNATURE: Edith Williams
25. FUNERAL DIRECTOR'S SIGNATURE: Gorman- Scharpf, Springfield, Mo
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

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 L. Leslie Grossman

Licensed Embalmer No. 3177

P. O. Address Springfield 7

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

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