

FILED AUG 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

583⁵ State File No. 23810

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY **NEWTON**
b. CITY OR TOWN **RURAL - SHOAL CREEK**
c. LENGTH OF STAY (in this place) **YRS**
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **RT. 2, SENECA, MO.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MISSOURI** b. COUNTY **NEWTON**
c. CITY OR TOWN **RURAL - SHOAL CREEK TWP**
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) **RT. 2, SENECA, MO. 0700**

3. NAME OF DECEASED
a. (First) **JAMES** b. (Middle) **GILBERT** c. (Last) **FORT**

4. DATE OF DEATH (Month) (Day) (Year)
JULY 25, 1954

5. SEX **M**

6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**

8. DATE OF BIRTH **1898 JAN. 21, 1862**

9. AGE (In years last birthday) **57-56**
IF UNDER 1 YEAR Months Days IF UNDER 10 HRS. Hours Min.

10a. USUAL OCCUPATION (If kind of work is not stated, give occupation, even if retired) **FARMER**

10b. KIND OF BUSINESS OR INDUSTRY **FARMING**

11. BIRTHPLACE (City and State or Foreign Country) **ITASCA, TEXAS**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **JOHN FORT**

13b. MOTHER'S MAIDEN NAME **ANNA EDWARDS**

14. NAME OF HUSBAND OR WIFE **SYLVIA FORT**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **UNK** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
MRS. SYLVIA FORT, RT. 2, SENECA, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Adenocarcinoma of the splenic flexure.**
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.

INTERVAL BETWEEN ONSET AND DEATH
5 months.

19a. DATE OF OPERATION **2-15-54**

19b. MAJOR FINDINGS OF OPERATION
Adenocarcinoma of the splenic flexure.

20. AUTOPSY? YES NO

21a. ACCIDENT SOURCE (Specify) **Car accident**

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
NEWTON 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 **Feb. 8, 1954** to **May 24, 1954**, that I last saw the deceased alive on **May 24, 1954**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Virgil E. James M.D.**

23b. ADDRESS **First National Building, Joplin, Mo.**

23c. DATE SIGNED **7-27-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**

24b. DATE **7-29-54**

24c. NAME OF CEMETERY OR CREMATORY **OSBORNE MEMORIAL**

24d. LOCATION (City, town, or county) (State) **JOPLIN, MISSOURI**

DATE REC'D BY LOCAL REG. **7-29-54**

REGISTRAR'S SIGNATURE **James**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
STEVE PARKER MORTUARY, JOPLIN, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

720
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RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 854-162

Date Filed AUG 6 1954

NEOSHO, MISSOURI

SEP 10 1954

AUG

AUG 24 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 F. M. Jones
Licensed Embalmer No. 23

P. O. Address Joplin

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.