

FILED DEC 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38014

BIRTH NO. _____		REG. DIST. NO. <u>209</u>	PRIMARY REG. DIST. NO. <u>3043</u>	Registrar's No. <u>353</u>
1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY RALLS		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HANNIBAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL SALINE TOWNSHIP		
c. LENGTH OF STAY (in this place) 1 Day		d. STREET ADDRESS (If rural, give location) MONROE CITY, MO R.F.D.2		
d. FULL NAME OF HOSPITAL OR INSTITUTION St ELIZABETH HOSPITAL				
3. NAME OF DECEASED (Type or Print) a. (First) HUGH		b. (Middle) ASHLEY		c. (Last) FORD
4. DATE OF DEATH (Month) (Day) (Year) NOV 20, 1954				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH MARCH 2 1873	9. AGE (In years last birthday) 81
			If UNDER 1 YEAR Months 8 Days 18	If UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY OWN FARM		11. BIRTHPLACE (State or foreign country) RALLS COUNTY, MISSOURI
				12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME DAVID FORD		13b. MOTHER'S MAIDEN NAME NANNIE BRYARLY		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Les Bell Monroe City, Mo R2
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) Cerebral thrombosis.		INTERVAL BETWEEN ONSET AND DEATH 1 day
		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. Arteriosclerotic heart disease; Curvatura 6-10 yls.		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) HANNIBAL MARION MISSOURI
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 <u>Aug 30</u> , 1954, to <u>Nov 20</u> , 1954, that I last saw the deceased alive on <u>Nov 19</u> , 1954, and that death occurred at <u>2:10 A.M.</u> from the causes and on the date stated above.				
23a. SIGNATURE Charles R. Johnson, MD.		23b. ADDRESS 211 No. Main Monroe City, Mo.		23c. DATE SIGNED 11-22-54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-22-54		24c. NAME OF CEMETERY OR CREMATORY St JUDES CEMETERY
				24d. LOCATION (City, town, or county) (State) MONROE CITY, MISSOURI
DATE REC'D BY LOCAL REG. 11.23.54		REGISTRAR'S SIGNATURE Dr. E. M. Kuehn		25. FUNERAL DIRECTOR'S SIGNATURE Wilson & Son's
				ADDRESS Monroe City Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NOV 30 1954

DATE

HEALTH DEPT.

DATE

NOV 30 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 *me*

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Leticia L. Nichols

Licensed Embalmer No. *3017*

P. O. Address. *Monroeville, MD*

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