

RN-1812

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17856

XC-9314881  
FILED JUN 29 1955

State File No. 377  
Registrar's No. 377

BIRTH NO.		REG. DIST. NO. 43	PRIMARY REG. DIST. NO. 3007	State File No. 377		Registrar's No. 377		
1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pemiscot					
b. CITY OR TOWN Poplar Bluff		c. LENGTH OF STAY (In this place) 66 days		c. CITY OR TOWN Hayti 078/				
d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital			d. STREET ADDRESS (If rural, give location) 418 North Chestnut					
3. NAME OF DECEASED (Type or Print) a. (First) Reubin b. (Middle) (rmi) c. (Last) Ford			4. DATE OF DEATH (Month) (Day) (Year) June 20, 1955					
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 10, 1909		
9. AGE (In years last birthday) 46		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and State or Foreign Country) Coldwater, Mississippi		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Henry Ford		13b. MOTHER'S MAIDEN NAME Anna Toney		14. NAME OF HUSBAND OR WIFE Georgia Ford		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II		16. SOCIAL SECURITY NO. 491162458		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS ADDRESS				
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) Myocardial Insufficiency  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. 4222				INTERVAL BETWEEN ONSET AND DEATH	
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)		21d. HOW DID INJURY OCCUR		
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.		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 April 15, 1955, to June 20, 1955, and that death occurred at 5:40 a.m., from the causes and on the date stated above.								
23a. SIGNATURE (Name or Title) E. D. BASSETT, M.D., Chief Med. Serv.			23b. ADDRESS VA Hospital Poplar Bluff, Mo.			23c. DATE SIGNED 6-20-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-24-55		24c. NAME OF CEMETERY OR CREMATORY Oak Ridge		24d. LOCATION (City, town, or county) (State) Coldwater Miss		
DATE REC'D BY LOCAL REG. 6/24/55		REGISTRAR'S SIGNATURE B. A. Mitchell		25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS J. Smith Hayti Mo				

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

RECEIVED

JUN 27 1955

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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

*John Smith*

Licensed Embalmer No. 2627

P. O. Address Liberty, Mo

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.