

XC-2331598  
RN 11365

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12480**  
Registrar's No. **278**

FILED MAY 3 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007**

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Poplar Bluff</b>		c. CITY OR TOWN <b>Bloomfield</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place township) <b>19 days</b>		e. STREET ADDRESS (If rural, give location) <b>none</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VA Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Jesse</b>	b. (Middle) <b>L.</b>	c. (Last) <b>Ford</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 17, 1956</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>1-14-78</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Printer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>unknown</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Windsor, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William Ford</b>	13b. MOTHER'S MAIDEN NAME <b>Minnie Chapman</b>	14. NAME OF HUSBAND OR WIFE <b>Never married</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes OW</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA Hospital Records</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>(a) Carcinoma, tail of pancreas with widespread metastases to liver, spleen, and lungs.</b>		ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>VA</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **March 29, 1956 to April 17, 1956**, and that death occurred at **8:55 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Ernest M. Tapp, M.D., Manager</b>	23b. ADDRESS <b>VAH, Poplar Bluff, Mo.</b>	23c. DATE SIGNED <b>4-17-56</b>
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24a. BURIAL CREMATION REMOVAL (Specify)	24b. DATE <b>4-18-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bloomfield</b>	24d. LOCATION (City, town, or county) (State) <b>Bloomfield Mo</b>
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DATE REC'D BY LOCAL REG. <b>4-21-56</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	EMERALD DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>Chiles Undertaking Co., Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
APR 30 1956  
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 Lulu Cooper #2499 Student Embalmer No. \_\_\_\_\_  
working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Irvin B. Cooper  
Licensed Embalmer No. 4119  
P. O. Address Bloomfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.