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10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19819**

FILED JUL 9 1956

BIRTH NO. _____ REG. DIST. NO. **33** PRIMARY REG. DIST. NO. **3010** Registrar's No. **332**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau	
c. LENGTH OF STAY (In this place) P.O.A.		d. STREET ADDRESS (If rural, give location) 710 Morgan Oak	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Francis Hospital			

3. NAME OF DECEASED (Type or Print) Horace E. Ford		4. DATE OF DEATH (Month) (Day) (Year) July 3 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 21 1891
9. AGE (In years last birthday) Months Days 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant operator	
10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (City and State or Foreign Country) Grand Tower Ill.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME John A. Ford	
13b. MOTHER'S MAIDEN NAME Elizabeth Clay		14. NAME OF HUSBAND OR WIFE Caroline	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 490-05-7773	17. INFORMANT'S SIGNATURE OR NAME Caroline Ford		ADDRESS Cape Gir. Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 5 minutes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease		4 months
	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 4200	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. 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 **Dec.**, 19**51**, to **July 3**, 19**56**, that I last saw the deceased alive on **July 3**, 19**56**, and that death occurred at **1:45 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Edward D. Campbell M.D.	(Degree or title)	23b. ADDRESS Cape Girardeau, Mo.	23c. DATE SIGNED JUL 6 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 6 1956	24c. NAME OF CEMETERY OR OREMATORY Fairmount Cem.	24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo
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DATE REC'D BY LOCAL REG. 7-7-56	REGISTRAR'S SIGNATURE Elyzabeth Summers Dof	25. FUNERAL DIRECTOR'S SIGNATURE John & Sons	ADDRESS Cape Girardeau, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

44-5

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JUL 10 1958

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 William E. Free

Licensed Embalmer No. 4733

P. O. Address Cape Girardeau, 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.