

FILED AUG 8 - 1956

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 226

1. PLACE OF DEATH a. COUNTY <u>Adair</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Adair</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Kirksville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kirksville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>810 W. LaHarpe St</u>		Length of stay in lb <u>40 yrs</u>	d. STREET ADDRESS <del>606</del> <u>810 W. La Harpe St</u>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>William T Ford</u>			4. DATE OF DEATH Month <u>July</u> Day <u>26</u> Year <u>1956</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 29, 1872</u>	9. AGE (In years last birthday) <u>83</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Miner</u>	11. BIRTHPLACE (City and state or country) <u>Scotland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>James Ford</u>			14. MOTHER'S MAIDEN NAME <u>Mary Law</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Mrs. Olin (Grace) Steele, Kirksville, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic Carcinoma, liver, intestines and lungs.</u> DUE TO (b) <u>Carcinoma of Cecum.</u> DUE TO (c) <u>Carcinoma of Cecum.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <u>1 year.</u> <u>5 years.</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			<u>153X</u>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour <u>5:30</u> Month <u>July</u> Day <u>7</u> Year <u>1949</u> a. m. <u>P.M.</u> p. m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION <u>Kirksville, Mo.</u>		20g. COUNTY <u>Adair</u>		20h. STATE <u>Mo.</u>		
21. I attended the deceased from <u>July 7, 1949</u> to <u>July 26, 1956</u> and last saw <u>him</u> alive on <u>July 26, 1956</u> . Death occurred at <u>5:30 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>Howard E. Grose, D.O.</u>			22b. ADDRESS <u>Kirksville, Mo.</u>		22c. DATE SIGNED <u>7-30-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7/29/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Novinger Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Novinger, Mo.</u>		
24. FUNERAL DIRECTOR <u>James H. Clay</u>			ADDRESS <u>Kirksville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>8-1-56</u>	26. REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	

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 *George W. Davost*.....  
Licensed Embalmer No. *478*

P. O. Address *Kuberville*.....

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