

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40916

State File No. ....

FILED DEC 24 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY <b>CLAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>CLAY</b>	
b. CITY OR TOWN <b>SMITHVILLE</b>	c. LENGTH OF STAY (in this place) <b>43 YRS.</b>	c. CITY OR TOWN <b>SMITHVILLE</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>SMITHVILLE COMMUNITY HOSP.</b>		f. STREET ADDRESS <b>6000</b> (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>CORDELIA</b>	b. (Middle) <b>ALICE</b>	c. (Last) <b>FORD</b>	(Month) <b>DEC.</b>	(Day) <b>10</b>	(Year) <b>1956</b>

5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify?) <b>WIDOWED</b>	8. DATE OF BIRTH <b>MAY 10, 1885</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOMEMAKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>NEVADA, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>JOHN A. JETT</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>FRANCIS JNO. FORD</b>		DIED <b>1947</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>HERMAN FORD</b> ADDRESS <b>SMITHVILLE, MO. R.F.D.</b>			
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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	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<i>Myocardial Degeneration.</i>			
		ANTECEDENT CAUSES		<i>+ Ch. Parenchymatous Nephritis.</i>			
		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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)			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 Dec 1, 1956, to Dec 10, 1956, that I last saw the deceased alive on Dec 10, 1956, and that death occurred at 5 1/2 p.m., from the causes and on the date stated above.

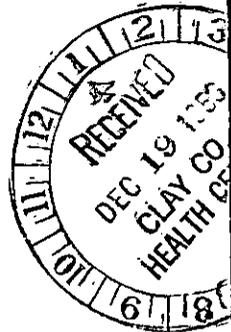
23a. SIGNATURE <i>ER Hobbs, M.D.</i> (Degree or title)		23b. ADDRESS <i>Smithville, Mo</i>		23c. DATE SIGNED <i>12-11-56</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>DEC. 12, '56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>SMITHVILLE, MO.</b>		
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DATE REC'D BY LOCAL REG. <i>12-12-56</i>	REGISTRAR'S SIGNATURE <i>Marquitta Judson</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McCOMAS FUNERAL HOME, SMITHVILLE, MO.</b>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 *Donald W. Hanks*.....

Licensed Embalmer No. *4578*

P. O. Address *Smithville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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