

FILED JAN 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **44638**

BIRTH NO. _____		REG. DIST. NO. 44		PRIMARY REG. DIST. NO. 4061		Registrar's No. 3	
1. PLACE OF DEATH a. COUNTY CALDWELL				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CALDWELL			
b. CITY (If outside corporate limits, write RURAL, and give township) BRAYMER		c. LENGTH OF STAY (in this place) LIFETIME		c. CITY OR TOWN BRAYMER		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 CITY LIMITS				e. STREET ADDRESS (If rural, give location) 0130			
3. NAME OF DECEASED (Type or Print) a. (First) ED b. (Middle) EARNEST c. (Last) FORD			4. DATE OF DEATH (Month) (Day) (Year) 12/10/1956				
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED		8. DATE OF BIRTH 4/21/1874	
9. AGE (In years last birthday) 82		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER & PAINTER		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (City and State or Foreign Country) BOONE CO., IOWA	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME MARTIN FORD		13b. MOTHER'S MAIDEN NAME RIVA RIGGIE		14. NAME OF HUSBAND OR WIFE MARIE FORD	
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. NO		17. INFORMANT'S SIGNATURE OR NAME DORIS J. FORD, N. K. C. MO.			
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crownry Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Essential Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					20. INTERVAL BETWEEN ONSET AND DEATH 1 hr years years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input 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) 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 12/10, 1956 to 12/10, 1957 , that I last saw the deceased alive on 12/10, 1956 , and that death occurred at 4:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John R. Crank, D.D.				23b. ADDRESS Braymer, Mo.		23c. DATE SIGNED 12/27/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12/11/1956		24c. NAME OF CEMETERY OR CREMATORY PLYMOUTH CEMETERY		24d. LOCATION (City, town, or county) (State) CARROLL CO., MO.	
DATE REC'D BY LOCAL REG. 1-7-57		REGISTRAR'S SIGNATURE Mrs. Letha Ann Zuppert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lenix, Michael, Braymer, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

499

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 Geneb. Michael

Licensed Embalmer No. 434

P. O. Address Braymer,

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.