FILED OCT 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31424
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 946

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Springfield Baptist Hospital — Length of stay in lb 20 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Polk
c. CITY OR TOWN Fair Play 0840 — Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print) First William Middle P. Last Ford
4. DATE OF DEATH Month September Day 29 Year 1957
5. SEX Male
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH June 13, 1890
9. AGE (In years last birthday) 57 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY On Farm
11. BIRTHPLACE (City and state or country) Sheldon, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James W. Ford
14. MOTHER'S MAIDEN NAME Martha J. Haptebroch
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Beulah Ford — Address Fair Play, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH 15 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) phlebothrombosis pelvic veins — 2 weeks
DUE TO (c) post operative Synapubic prostatectomy — 2 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Benign prostatic Hypertrophy 610X
19. WAS AUTOPSY PERFORMED? YES X NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-10-57, to 9-29-57 and last saw her/him alive on 9-29-57
Death occurred at 6:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Kashley M.D.
22b. ADDRESS 1211 S. Glenstone Springfield
22c. DATE SIGNED 9-30-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE October 2, 1957
23c. NAME OF CEMETERY OR CREMATORY Sheldon
23d. LOCATION (City, town, or county) (State) Sheldon, Missouri

24. FUNERAL DIRECTOR ADDRESS Erwin-Blue F. Home Solomon, Missouri
25. DATE RECD. BY LOCAL REG. 9-30-57
26. REGISTRAR'S SIGNATURE Edith Williamson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

OCT 9 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Lewis G. Schar

Licensed Embalmer No. 3

P. O. Address Springfi

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.