

pt. Health,
, & Welfare
S. Public
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ev. 1-57

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44770
STATE FILE NUMBER

FILED JAN 15 1958

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 640

1. PLACE OF DEATH a. COUNTY JASPER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN OSWEGO		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JOPLIN GENERAL HOSP.		Length of stay in 1b 10 DAYS	d. STREET ADDRESS (If outside, give location) 300 N. COMMERCIAL		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last DR. DANIEL BOYCE FORDYCE			4. DATE OF DEATH Month Day Year DEC. 23, 1957		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAR. 11, 1883	9. AGE (In years last birthday) 74	10. UNDER 1 YEAR Months Days 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OSTEOPATH		10b. KIND OF BUSINESS OR INDUSTRY PHYSICIAN	11. BIRTHPLACE (City and state or country) RIDGWAY, MO.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME CHARLES C. FORDYCE		13b. MOTHER'S MAIDEN NAME IDA FRANCES BOYCE		14. NAME OF HUSBAND OR WIFE ANNIE M. FORDYCE	
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. UNK		17. INFORMANT ANNIE M. FORDYCE, 300 N. COMMERCIAL, OSWEGO, Ks.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Myocardial infarction					INTERVAL BETWEEN ONSET AND DEATH immed.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) coronary occlusion, shock					18 hours
DUE TO (c) peritonitis, perforated gall bladder					18 hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 COUNTY STATE	
21. I attended the deceased from 12-13-57 to 12-23-57 and last saw ^{her} _{him} alive on 12-13-57 Death occurred at 5:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i> (Degree or title)			22b. ADDRESS 521 W. 4th Joplin, Mo.		22c. DATE SIGNED 12-26-57
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 12-23-57	23c. NAME OF CEMETERY OR CREMATORY OSWEGO CEMETERY,		23d. LOCATION (City, town, or county) (State) OSWEGO, KANSAS
24. FUNERAL DIRECTOR HAMMON FUNERAL HOME, OSWEGO, KS		ADDRESS	25. DATE RECD. BY LOCAL REG. 1-6-1957		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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County File Number
Date Filed JAN 11 1958

APR 27 1960

JAN 29 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
Signature of Student Embalmer

Signed *Steve Parker*

Licensed Embalmer No. *2548*

P. O. Address *Joplin 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.