

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017278
State File No.

FILED JUN 6 1958

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5100 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>BATES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>CASS</u>	
b. CITY (If outside corporate limits, write RURAL, and give OR TOWN <u>DREXEL</u>)	c. LENGTH OF STAY (in this place) <u>1 m.</u>	c. CITY OR TOWN <u>DREXEL</u> <u>0190</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West Boone Twnsp</u>		e. STREET ADDRESS (If rural, give location) <u>Coldwater Twnsp</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u> b. (Middle) <u>DALE</u> c. (Last) <u>FORD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 30 1958</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>3/30/1944</u>	9. AGE (In years last birthday) <u>14</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during week of working life, even if retired) <u>STUDENT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>STUDENT</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Butler, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Rolla Ford</u>	13b. MOTHER'S MAIDEN NAME <u>Marion Courland</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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'S SIGNATURE OR NAME <u>Rolla Ford</u>	ADDRESS <u>Drexel, Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Spontaneous drowning.</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES 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. <u>9298</u> <u>42</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm pond.</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>0070 Bates</u> (COUNTY) <u>Mo.</u> (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 30 58 58</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell off horse into pond.</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5P m., from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) <u>Douglas Ronald MB Corcoran</u>	23b. ADDRESS <u>Butler, Mo.</u>	23c. DATE SIGNED <u>5/31/58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6/1/1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Butler Bates Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 1-58</u>	REGISTRAR'S SIGNATURE <u>Kendall Krumm</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ryan Funeral Home</u>	ADDRESS <u>Drexel Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Gerald E. White

Licensed Embalmer No.

P. O. Address.....
Quincy

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.