

W. W. Wright
S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028100
State File No.

FILED AUG 25 1958

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 171

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

1. PLACE OF DEATH a. COUNTY <u>Audrian</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Mexico Mo</u>)		c. LENGTH OF STAY (In this place) <u>17</u>	c. CITY OR TOWN <u>Mineola Mo</u> <u>0700</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Audrian County Hospital</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location)			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u> b. (Middle) <u>Bell</u> c. (Last) <u>Ford</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 16 1958</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>May-1-1892</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Mineola Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>

13a. FATHER'S NAME <u>James Ford</u>		13b. MOTHER'S MAIDEN NAME <u>Ella E Hydleton</u>		14. NAME OF HUSBAND OR WIFE	
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>495-34-0024</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Fritz Timmerburg Mineola Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>			DUPLICATE			<u>15 minutes</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES			<u>17 days</u>		
			Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			<u>fractured R. 5th & 6th Ribs.</u>		
			DUE TO (b)			<u>5 years</u>		
			DUE TO (c) <u>old Varicose Veins of both legs</u>			<u>4 years</u>		
			II. OTHER SIGNIFICANT CONDITIONS					
			Conditions contributing to the death but not related to the disease or condition causing death <u>Thoracic Aortic Aneurysm</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"/>	
21a. ACCIDENT (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>country road</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mineola, Montgomery, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-31-58 8:1 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>car driven into washed out culvert</u>	

22. I hereby certify that I attended the deceased from 7/31, 1958 to 8/16, 1958, that I last saw the deceased alive on 8/16, 1958, and that death occurred at 10:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thos. G. Sawyer, M.D.</u>		23b. ADDRESS <u>Mexico, Mo.</u>		23c. DATE SIGNED <u>8/16/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug-18-1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clark Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>4 Miles North Americus Mo</u>	

DATE REC'D BY LOCAL REG. <u>Aug 16-1958</u>		REGISTRAR'S SIGNATURE <u>Blanche Geely</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Baker Funeral Home Americus, Mo</u>	
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SEP 3 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 *O B Baker*.....

Licensed Embalmer No.....3375

P. O. Address....Americus, 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.