

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040644
STATE FILE NUMBER

FILED NOV 17 1958 Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ind.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brookfield Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Indianapolis</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Doctors Hosp.</u>		Length of stay in lb	5/30 STREET ADDRESS <u>1047 S Whitcomb</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Robert L. Ford</u>			4. DATE OF DEATH Month Day Year <u>Nov 8 1958</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>6-3-39</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stock Boy</u>		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) IF UNDER 1 YEAR <u>19</u> Months Days <u>5 3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9d. IF UNDER 24 HRS. Hours Min. <u>5 3</u>
11. BIRTHPLACE (City and state or country) <u>Indianapolis Ind</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Melvin Ford</u>		13b. MOTHER'S MAIDEN NAME <u>Dora S. Soblen</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>316-38-2335</u>		17. INFORMANT <u>Mrs. Gilbert K. Kriner</u> Address <u>Indianapolis Ind</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Profound shock: Circulatory Collapse</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs 38 m.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Compound fracture right leg, left ankle, skull, and internal injuries (Viscera)</u>			
DUE TO (c) <u>Acute traumatic accident (auto)</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <u>Auto accident (Two (2) miles west of Meadville, Mo. Junction.</u>		
20c. TIME OF INJURY <u>4:00</u> Hour a.m. # <u>11 8 58</u> Month Day Year	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway No. 36</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>(Near) Meadville Linn Missouri</u>	
21. I attended the deceased from <u>November 8, 1958</u> and last saw him alive on <u>11/8/58</u> Death occurred at <u>8:50</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John W. White, D. O.</u>		22b. ADDRESS <u>Brookfield, Missouri</u>	
22c. DATE SIGNED <u>11/8/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Nov 9, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) <u>Indianapolis Ind.</u>
24. FUNERAL DIRECTOR <u>Boudier Brookfield, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>11-10-58</u>	26. REGISTRAR'S SIGNATURE <u>Katharine Johnson Dep</u>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

X
300
1-57

NOV 19 1958

DEC 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 *James B McCalland*

Licensed Embalmer No. *4230*

P. O. Address *Brookfield, N*

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.