

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040825

State File No.

FILED NOV 17 1958

BIRTH NO. _____		REG. DIST. NO. <u>238</u>		PRIMARY REG. DIST. NO. <u>4355</u>		Registrar's No. <u>36</u>	
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u> b. CITY (if outside corporate limits, write RURAL and give OR TOWN <u>New Madrid</u>) c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u> c. CITY OR TOWN <u>New Madrid</u> ^{072/0} d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No. _____ f. STREET ADDRESS (If rural, give location) <u>Pinnell Lane</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>A</u> c. (Last) <u>Ford</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4, 1958</u>				
5. SEX <u>3</u> 6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>June 27, 1884</u>		9. AGE (In years last birthday) <u>74</u> IF UNDER 1 YEAR Months <u>4</u> IF UNDER 2 HRS. Days <u>7</u> Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Miss. 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Tom Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Ann Parker</u>		14. NAME OF HUSBAND OR WIFE <u>Alexander Ford</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mattie Wade, Gen Del. New Madrid, Mo</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intra-cranial Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>3</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331X</u>			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from <u>2 Nov, 1958</u> , to <u>2 Nov, 1958</u> , that I last saw the deceased alive on <u>20 Nov, 1958</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles Richards</u> (Degree or title) _____				23b. ADDRESS <u>New Madrid, Mo</u>		23c. DATE SIGNED <u>6 Nov 58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9 Nov. 58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sikeston, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>7 Nov. 58</u>		REGISTRAR'S SIGNATURE <u>Fay Hedgepeth</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Richards Undertaking Co. New Madrid, Mo.</u>			

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

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P.L. 8

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 *Tommy L. Roberts*

Licensed Embalmer No. *4886*

P. O. Address *New Market*

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.