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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002263
STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis — Length of stay in Ib 3 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Nodaway
c. CITY OR TOWN Maryville c942 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 319 East 6th — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First MARY Middle ANN Last FORD
4. DATE OF DEATH Month 1 Day 16 Year 59
5. SEX Female
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 3/15/75
9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher - retired
10b. KIND OF BUSINESS OR INDUSTRY Public Schools
11. BIRTHPLACE (City and state or country) Maryville, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James R. Ford
13b. MOTHER'S MAIDEN NAME Elizabeth Alexander
14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Address Mrs. Lucy Westfall, Maryville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma Ampulla of Vater — INTERVAL BETWEEN ONSET AND DEATH 23 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Gastric hiatus hernia - large 1551
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 Nov 10, 1953, to 1/16/59 and last saw her alive on Jan 16, 1959
Death occurred at 8:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) M. D.
22b. ADDRESS Maryville, Missouri
22c. DATE SIGNED 1/17/59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 1/17/59
23c. NAME OF CEMETERY OR CREMATORY Oak Hill
23d. LOCATION (City, town, or county) (State) Maryville, Missouri
24. FUNERAL DIRECTOR ADDRESS Price Funeral Home, Maryville, Mo.
25. DATE RECD. BY LOCAL REG. 1-17-59
26. REGISTRAR'S SIGNATURE Bess Holt

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MAR 3 1959
FEB 5 1959
JAN 28 1959

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 Curtis E. Kinsley

Licensed Embalmer No. 4936

P. O. Address Maryville, 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.