

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008055

STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION No. State School		d. STREET ADDRESS 3928 W. Bell	
Length of stay in lb 20 yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Frank Ford	4. DATE OF DEATH Month Day Year 2-25-1959
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-15-1920	9. AGE (In years last birthday) 38	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13. FATHER'S NAME Harry Tours (Alleged)	14. MOTHER'S MAIDEN NAME Mary McMorris
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Mo. State School records, Marshall, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>By drowning</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 min.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Jumped in school lake.</i>	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <i>Imbecile</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Jumped in State School Lake.</i>
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20c. TIME OF INJURY Hour Month, Day, Year <i>7:20 p. m. 2-25-59</i>

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, factory, street, office, etc.) <i>State School Lake</i>	20f. CITY, TOWN, OR LOCATION <i>Marshall</i>	COUNTY <i>Saline</i>	STATE <i>Mo</i>
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21. I attended the deceased from *2 made no investigation* and last saw her alive on *2-28-59*
Death occurred at *7:20 p. m. 2-25-59* on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>P. L. Lawless</i> (Degree or title) <i>Coroner Saline</i>	22b. ADDRESS <i>Marshall Mo</i>	22c. DATE SIGNED <i>2-28-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>March 4, 59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>State School Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Marshall Saline Co, Mo,</i>
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24. FUNERAL DIRECTOR <i>Green Funeral Home, Marshall, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>Mar-3-'59</i>	26. REGISTRAR'S SIGNATURE <i>Cecil G. Reed</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Gayle Green*
Licensed Embalmer No. *42*

P. O. Address *Wash*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.