

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013994

STATE FILE NUMBER

FILED MAY 12 1959

Registration District No. 178

Primary Registration District No.

Registrar's No. 44

300  
1-57

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lewis	
b. CITY OR TOWN LA GRANGE	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN LA GRANGE	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT HOME		d. STREET ADDRESS (If outside, give location) No Street Address	

3. NAME OF DECEASED (Type or print) First Middle Last Joseph hee Ford			4. DATE OF DEATH Month Day Year MAY 4 1959		
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5. SEX MALE	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JANUARY 1, 1869	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber & Carpenter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) SALEM, OREGON	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Ford	13b. MOTHER'S MAIDEN NAME Melisa Fretwell	14. NAME OF HUSBAND OR WIFE Lula Ford
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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 Mrs. Lula Ford	Address LA GRANGE, MO.
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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) URAEMIC GONMA		INTERVAL BETWEEN ONSET AND DEATH 4 8 Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) CHRONIC NEPHRITIS	
	DUE TO (c) CHRONIC MYOCARDITIS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) H 222		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from JAN 1 1959 to MAY 4 1959 and last saw her alive on MAY 4, 1959 Death occurred at 10:00 PM m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE W R Elley M.D.	22b. ADDRESS La Grange Mo	22c. DATE SIGNED 5/7/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE MAY 7, 1959	23c. NAME OF CEMETERY OR CREMATORY River View Cemetery	23d. LOCATION (City, town, or county) (State) LA GRANGE, MO.
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24. FUNERAL DIRECTOR J Kenneth Bailey La Grange Mo	25. DATE RECD. BY LOCAL REG. 5-9-59	26. REGISTRAR'S SIGNATURE P. W. Jennings, M.D. E. L.
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *J. Kenneth Bailey* .....  
Licensed Embalmer No. *4248* .....  
P. O. Address *Le Mans, La* .....

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.