

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029261
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3701

FILED AUG 16 1961

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY	Length of stay in 1b 5 WEEKS	c. CITY OR TOWN OLATHE	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST LUKES HOSPITAL		d. STREET ADDRESS (If outside, give location) 721 NORTH WOODLAND	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last GEORGE BENJAMIN FORD			4. DATE OF DEATH Month Day Year JULY 25 1961		
5. SEX MALE	6. COLOR OR RACE CAUC.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-12-01	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSURANCE SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY FARMERS GROUP	11. BIRTHPLACE (City and state or country) WEBB CITY, ARKANSAS	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME LANE L. FORD		13b. MOTHER'S MAIDEN NAME MARY MC GAUGHEY		14. NAME OF HUSBAND OR WIFE HAZEL FORD	
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. -	17. INFORMANT Address MRS. HAZEL FORD, OLATHE, KANSAS		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Malignant Melanoma**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____

INTERVAL BETWEEN ONSET AND DEATH **9 mo.**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED?
YES NO

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 **Jan 1961** to **July 24, 1961** and last saw her/him alive on **July 24, 1961**
Death occurred at _____ m on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title)
Ronald R. Davis M.D.

22b. ADDRESS
4706 Broadway KCMo.

22c. DATE SIGNED
7-25-61

23a. BURIAL, CREMATION, REMOVAL (Specify)
REMOVAL

23b. DATE
7-25-61

23c. NAME OF CEMETERY OR CREMATORY
-

23d. LOCATION (City, town, or county) (State)
OLZARK ARKANSAS

24. FUNERAL DIRECTOR ADDRESS
**JULIEN-FLAMING FUNERAL HOME, OLATHE, KANS
CHESTER L. FLAMING**

25. DATE RECD. BY LOCAL REG.
7-25-61

26. REGISTRAR'S SIGNATURE
Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
SHOULD READ

Donald R. Davis

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

Charles R. Fleming

Licensed Embalmer No. 4569

P. O. Address Osage, Kansas

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.