

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010386

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 212

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 21 1963

VS 300
Rev. 4/59

6109
3109

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4 2
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Bonne</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bonne</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in 1b <u>64y.</u>	c. CITY OR TOWN <u>Columbia</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne County Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>505 N. Hawth</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>CHESTER FORD</u>		4. DATE OF DEATH Month Day Year <u>Feb. 17-1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>05-16-1917</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>45</u>
11. BIRTHPLACE (City and state or country) <u>Andrew County Mo. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>Joe Ford</u>		13b. MOTHER'S MAIDEN NAME <u>Susie Whittier</u>	14. NAME OF HUSBAND OR WIFE <u>Katie Ford</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>no</u>		16. SOCIAL SECURITY NO. <u>371</u>	17. INFORMANT <u>William Ford Columbia, Mo</u>
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ANOXIA</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <u>BILAT. PULMONARY METASTATIC CANCER</u> APPROX. <u>1 MDS.</u>
DUE TO (c) <u>ANAPLASTIC EMBRYONAL SARCOMA OF BLADDER ?</u>			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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
21. I attended the deceased from <u>Feb. 23, 1963</u> to <u>March 17, 1963</u> and last saw her alive on <u>March 16, 1963</u> Death occurred at <u>4:50 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Frank R. DeHeimer, M.D.</u>		22b. ADDRESS <u>909 University Ave. Columbia Mo.</u>	22c. DATE SIGNED <u>3/19/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Mar. 20, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>C. Alvary</u>	23d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>
24. FUNERAL DIRECTOR <u>Mrs. Stuart Parker, Columbia, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Mar. 19, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>

USE BLACK INK OR TYPEWRITER RIBBON

MAY 16 1963

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 Harold Warren Sr

Licensed Embalmer No. 5203

P. O. Address Cal MD

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.