

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-018827

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 360 Primary Registration District No. 6219 Registrar's No. 86

STATE FILE NUMBER

FILED MAY 7 1963

VS 300
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Drywood Township</u>		Length of stay in 1b	c. CITY OR TOWN <u>Sheldon</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sheldon, Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1 mile west Sheldon, Mo.</u>
3. NAME OF DECEASED (Type or print) First <u>Sylvia</u> Middle <u>J</u> Last <u>Ford</u>		4. DATE OF DEATH Month <u>April</u> Day <u>27</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/4/1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and state or country) <u>Everton, Mo.</u>
13a. FATHER'S NAME <u>Samuel Hoover</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Cunningham</u>	14. NAME OF HUSBAND OR WIFE <u>George Ford</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of <u>no</u>)		16. SOCIAL SECURITY NO. <u>Walter Ford Sheldon, Mo.</u>	
17. INFORMANT <u>Walter Ford Sheldon, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
18. CAUSE OF DEATH (Enter only one cause per time toxic, (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis Sudden</u> DUE TO (b) <u>Phlebitis of Leg - RT</u> DUE TO (c) <u>4-5 mos. about</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease/condition given in PART I (a) <u>Obesity & Hypertension</u>			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 type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" 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 <u>8:00</u> a.m. <u>1</u> p.m.		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, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1958</u> to <u>4-29-63</u> and last saw her/him alive on <u>4-27-63</u> Death occurred at <u>about 8:00 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deduce or title) <u>Herbert M. Arnold M.D.</u>		22b. ADDRESS <u>Sheldon, Mo.</u>	
22c. DATE SIGNED <u>4-30-63</u>			
23a. BURIAL, CREMATION, (Specify) <u>Burial</u>	23b. DATE <u>4/29/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sheldon Cemetery</u>	23d. LOCATION (City, town, or county) <u>Vernon co. Mo.</u>
24. FUNERAL DIRECTOR <u>Beery Funeral Home Sheldon, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-4-1963</u>	26. REGISTRAR'S SIGNATURE <u>Anna E. Perry</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

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 S. Bernard Benz

Licensed Embalmer No. 4161

P. O. Address Shelton 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.

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