

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023093

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 53

STATE FILE NUMBER

FILED JUN 10 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, give TOWNSHIP only) Fairfax		c. CITY OR TOWN Craig	
Length of stay in 1b 3 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Fairfax Community Hospital		d. STREET ADDRESS (If outside, give location) ----- Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) John Ford			4. DATE OF DEATH Month June Day 9 Year 1963		
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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 1/6/1880	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	10b. KIND OF BUSINESS OR INDUSTRY On farm	11. BIRTHPLACE (City and state or country) Boone, Iowa	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Benjamin Ford	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Edna 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.	17. INFORMANT Edna Ford Address Craig, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebral anoxia		INTERVAL BETWEEN ONSET AND DEATH 4 hrs. 4 hrs. 2 hrs.
DUE TO (b) cardiac arrest		
DUE TO (c) septicemia		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I acute pyelitis		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
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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 _____ 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
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21. I attended the deceased from July 1957 to June 9, 1963 and last saw him alive on June 9, 1963	
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE James Humphrey	(Degree or title)	22b. ADDRESS Mound City, Mo	22c. DATE SIGNED 6/11/63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/11/63	23c. NAME OF CEMETERY OR CREMATORY New Liberty	23d. LOCATION (City, town, or county) Craig, Mo.
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24. FUNERAL DIRECTOR Wilbur L. Schoeler	ADDRESS Craig, Mo.	25. DATE RECD. BY LOCAL REG. June 13, 1963	26. REGISTRAR'S SIGNATURE Thermin J. Schoeler
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

JUN 20 1963

0800
0840

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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 Myself Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wilber L. Schoeder

Licensed Embalmer No. 3997

P. O. Address Craig, 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.