

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-043502**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1547 STATE FILE NUMBER 043502

**FILED NOV 18 1963**

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE <b>MO</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SPRINGFIELD</b>		c. CITY OR TOWN <b>SPRINGFIELD</b>	
Length of stay in 1b <b>50 yrs</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>HANDLEY</b>		d. STREET ADDRESS (If outside, give location) <b>709 N CLAY ST.</b>	
3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>MCKINLEY</b> Last <b>FORD</b>		4. DATE OF DEATH Month <b>NOV</b> Day <b>8</b> Year <b>1963</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>MAR '18 1897</b>
9. AGE (last birthday) <b>66</b>		IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR Months Days Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>CAVE SPRINGS: MO</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>		13a. FATHER'S NAME <b>JOHN HOWARD FORD</b>	
13b. MOTHER'S MAIDEN NAME <b>SUSIE WHITE</b>		14. NAME OF HUSBAND OR WIFE <b>OLIVETTA FORD</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>MRS. O FORD 709 N CLAY ST.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Esophageal Hemorrhage</b> DUE TO (b) <b>Aspiration Pneumonia</b> DUE TO (c) _____ 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)			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 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>10/28/63</u> to <u>11/8/63</u> and last saw <sup>her</sup> alive on <u>11/7/63</u> Death occurred at <u>7:00am</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) <i>Lerman D. Brown M.D.</i>		22b. ADDRESS <u>311 1/2 College</u>	22c. DATE SIGNED <u>11/12/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>NOV '12 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>HAZLEWOOD</b>	23d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD MO</b>
24. FUNERAL DIRECTOR ADDRESS <b>HERBERT V SMITH 602 N JEFFERSON ST.</b>		25. DATE RECD. BY LOCAL REG. <u>11-15-63</u>	26. REGISTRAR'S SIGNATURE <i>Bernie Medley</i>

USE BLACK INK OR TYPEWRITER RIBBON

NOV 19 1963

DEC 5 1963

11-11-63

**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 Herbert V Smith

Licensed Embalmer No. 4284

P. O. Address Springfield

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.