

STATE OF IOWA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

114-70-20928
STATE FILE NUMBER

PLEASE PRINT IN
PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME 1. Eugene Matthew Ford			SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. Sept. 7, 1970
RACE (SPECIFY) 4. White	AGE—LAST BIRTHDAY (YEARS) 5a. 58	UNDER 1 YEAR 5b. MOS. DAYS	UNDER 1 DAY 5c. HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. June 23, 1912
CITY, TOWN, OR LOCATION OF DEATH 7a. Emmetsburg		INSIDE CITY LIMITS 7c. YES	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Palo Alto County Hospital	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Iowa	CITIZEN OF WHAT COUNTRY 9. USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. never married	
SOCIAL SECURITY NUMBER 12. 479 46 5770	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Farmer		KIND OF BUSINESS OR INDUSTRY 13b. Farm	IF DECEASED WAS EVER IN U.S. ARMED FORCES GIVE DATES OF SERVICE 13c. no
RESIDENCE—STATE 14a. Iowa	COUNTY 14b. Palo Alto	CITY, TOWN, OR LOCATION 14c. Emmetsburg		STREET AND NUMBER 14d. no
FATHER—NAME 15. Joseph M. Ford		MOTHER—MAIDEN NAME 16. Jennie Montgomery		

DECEASED

USUAL RESIDENCE
HERE DECEASED
YED. IF DEATH
OCCURRED IN
STITUTION, GIVE
SICENCE BEFORE
MISSION.

PARENTS

INFORMANT—NAME 17a. Lillian Mertz			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. West Bend, Iowa	
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CAUSE

PART I. DEATH WAS CAUSED BY: 18. IMMEDIATE CAUSE			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) Myocardial infarction DUE TO, OR AS A CONSEQUENCE OF:			
(b) Arteriosclerotic heart disease DUE TO, OR AS A CONSEQUENCE OF:			
(c)			

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY 19a. YES OR NO. 19b. NO	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19c.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) M. 20d.	
INJURY AT WORK (SPECIFY YES OR NO) 20e.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.		

CERTIFIER

CERTIFICATION—PHYSICIAN: 21a. I ATTENDED THE DECEASED FROM 21b. DECEASED FROM 21c. Sept. 7, '70	MONTH DAY YEAR 21d. Sept. 7, '70	MONTH DAY YEAR 21e. Sept. 7, '70	AND LAST SAW HIM/HER ALIVE ON 21f. Sept. 7, '70	MONTH DAY YEAR 21g. Sept. 7, '70	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21h. Did	DEATH OCCURRED (HOUR) 21i. 2:34 p.	AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21j.
CERTIFICATION—MEDICAL EXAMINER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a. Sept. 7, 1970		HOUR OF DEATH 22b. 2:34 p.	THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR) 22c. Sept. 7, 1970		HOUR 22d. 2:40 p.	M.	
CERTIFIER—NAME (TYPE OR PRINT) 23a. Carlyle C. Moore, M.D.		SIGNATURE 23b. <i>Carlyle C. Moore</i>	DEGREE OR TITLE 23c.	DATE SIGNED (MONTH, DAY, YEAR) 23d. 9/9/70			
MAILING ADDRESS—CERTIFIER 23e. West First St.		STREET OR R.F.D. NO. 23f. Emmetsburg	CITY OR TOWN 23g. Emmetsburg	STATE 23h. Iowa	ZIP 23i. 50536		

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Corpus Christi	LOCATION 24c. Fort Dodge, Iowa	- EMP OR TOWN STATE	
DATE (MONTH, DAY, YEAR) 24d. Sept. 10, 1970	FUNERAL HOME—NAME AND ADDRESS 25a. Martin Funeral Home	STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP 25b. 704 Grand Ave. Emmetsburg, Iowa 50536		
FUNERAL DIRECTOR—SIGNATURE 25c. <i>Richard A. Martin</i>	REGISTRAR—SIGNATURE 26a. <i>Edna Barnes</i>	DATE RECEIVED BY LOCAL REGISTRAR 26b. 9-10-70		