

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16202
State File No. 1918

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 33 YEARS	c. CITY (If outside corporate limits, write RURAL and give township) 48 OR TOWN KANSAS CITY 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3741 HIGHLAND AVENUE		d. STREET ADDRESS (If rural, give location) 3741-HIGHLAND AVENUE 8	

3. NAME OF DECEASED (Type or Print) FRED	a. (First)	b. (Middle) LOVERIDGE	c. (Last) WARD	4. DATE OF DEATH (Month) (Day) (Year) APRIL-30-1949
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED DIVORCED	8. DATE OF BIRTH FEB-20-1877	9. AGE (In years last birthday) 72 YEARS	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EMPLOYEE	10b. KIND OF BUSINESS OR INDUSTRY KOCH BUTCHERS SUPPLIES	11. BIRTHPLACE (State or foreign country) WATERVILLE, KANSAS	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME DAVID WARD	13b. MOTHER'S MAIDEN NAME CLARA MULLENDER	14. NAME OF HUSBAND OR WIFE OLA WARD
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 494-14-0360	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MIS LAURA V. WARD, 3741 HIGHLAND MO. KANSAS CITY MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>myocardial infarction</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>probably coronary occlusion</i> DUE TO (c) <i>fell on stairs</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>History of heart trouble</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>No post mortem 4201</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Natural?</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Richard H. Owens</i> (Degree or title) <i>Croner</i>	23b. ADDRESS 1034 Plato Bldg.	23c. DATE SIGNED 5-2-49
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24. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE MAY-2-1949	24c. NAME OF CEMETERY OR CREMATORY OSBORNE CEMETERY	24d. LOCATION (City, town, or county) OSBORNE, KANSAS
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DATE REC'D BY LOCAL REG. 5-2-49	REGISTRAR'S SIGNATURE <i>Sheldine Holmes</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>D. H. Newcamer</i> 1391 BRUSH CREEK KANSAS CITY, MO.
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(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed.....

Edward M. Storey

Signed.....

Student Embalmer

Licensed Embalmer No. *4452*

P. O. Address *K. C. 4 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 this body is not embalmed, fact should be so stated above.