

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1414

State File No. _____
89

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

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| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> <u>188</u> | |
| c. LENGTH OF STAY (In this place) <u>2-5-40</u> | | d. STREET ADDRESS (If rural, give location) <u>4271 EAST-60TH TERRACE</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOSPITAL</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>CLARENCE</u> | b. (Middle) <u>LEROY</u> | c. (Last) <u>WARD</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 5-1950</u> |
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| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>7-22-1886</u> <u>63 YEARS</u> | 9. AGE (In years last birthday) Months Days Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>IN CHARGE OF WOOD DEPARTMENT</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>RUSCO WINDON COMPANY</u> | 11. BIRTHPLACE (State or foreign country) <u>Higginsville Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Pinkney WARD</u> | 13b. MOTHER'S MAIDEN NAME <u>Margaret Bauman</u> | 14. NAME OF HUSBAND OR WIFE <u>Mrs. Gladys Ward</u> |
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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) <u>—</u> | 16. SOCIAL SECURITY NO. <u>495-03-8788</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS. GLADYS WARD</u> | ADDRESS <u>4271 EAST-60TH TERRACE KANSAS CITY MO.</u> |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 Hr.</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Angina pectoris</u> | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 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) m. | 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 7/3, 1948, to 1/5, 1950 that I last saw the deceased alive on 12/3, 1949 and that death occurred at 7:30 A. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>James D. Smith M.D.</u> | (Degree or title) | 23b. ADDRESS <u>318 Prof. Bldg. K.C. Mo.</u> | 23c. DATE SIGNED <u>1/6/50</u> |
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| 24a. BURIAL CREMATION (REMOVAL) (Specify) | 24b. DATE <u>1-7-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>—</u> | 24d. LOCATION (City, town, or county) (State) <u>Sioux City Iowa</u> |
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| DATE REC'D BY LOCAL REG. <u>1-7-50</u> | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Newcomer's Sons</u> | ADDRESS <u>1301 BRUSH CREEK KANSAS CITY MO.</u> |
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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.

Student

Student Embalmer

Signed *Bernard L. Horan* _____

Licensed Embalmer No. *4250* _____

P. O. Address *M.C. Md* _____

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.