

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5601 State File No. 19468

| | | | | | |
|--|--|---|--|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>164</u> | | PRIMARY REG. DIST. NO. <u>2052</u> Registrar's No. <u>78</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Johnson</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Warrensburg</u> | | c. LENGTH OF STAY (in this place) <u>75 Yrs</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Warrensburg</u> | | d. STREET ADDRESS (If rural, give location) <u>Pine St. Road</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pine St. Road</u> | | | d. STREET ADDRESS (If rural, give location) <u>Pine St. Road</u> | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Thomas</u> | b. (Middle) <u>Mathew</u> | c. (Last) <u>Ward</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 26 1954</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>not known</u> | 9. AGE (in years last birthday) <u>About 80</u> | IF UNDER 1 YEAR Months Days IF UNDER 4 WKS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Ireland</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u> |
| 13a. FATHER'S NAME <u>Thomas Ward</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Sullivan</u> | | 14. NAME OF HUSBAND OR WIFE <u>Never Married</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Rose Ward</u> | | ADDRESS <u>Warrensburg Mo.</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Hypertension</u> | | | | | <u>1 yr</u> |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | ANTECEDENT CAUSES | DUE TO (b) _____ | | | |
| | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | DUE TO (c) _____ | | | |
| II. OTHER SIGNIFICANT CONDITIONS | Conditions contributing to the death but not related to the disease or condition causing death. | | | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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) | | | |
| 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 | | | |
| 22. I hereby certify that I attended the deceased from <u>June 26, 1954</u> , to <u>June 26, 1954</u> , that I last saw the deceased alive on <u>June 26, 1954</u> , and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Deceased or title) <u>W.D. Sweeney</u> | | | 23b. ADDRESS <u>Warrensburg Mo.</u> | | 23c. DATE SIGNED <u>June 28, 54</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>June 29 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u> | 24d. LOCATION (City, town, or county) (State) <u>Warrensburg Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>June 29, 1954</u> | REGISTRAR'S SIGNATURE <u>Swannah Crestbrook</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sweeney Phillips Warrensburg Mo.</u> | | |

RECEIVED
JUL 6 1954
JOHNSON COUNTY HEALTH DEPT.

MAY 11 1954

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: *J. Earl Priest*

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.