

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34638

State File No.

Mr. Patten
FILED NOV 12 1954

BIRTH NO.		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>327</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If last action: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Hannibal</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>R #3, Miller Township 0640</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Kenneth</u>		b. (Middle)		c. (Last) <u>Ward</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-19-54</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>11/3/1948</u>		9. AGE (In years last birthday) <u>5</u>	IF UNDER 1 YEAR Months <u>11</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Pittsfield, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James L. Ward</u>			13b. MOTHER'S MAIDEN NAME <u>Darlene Alexander</u>		14. NAME OF HUSBAND OR WIFE <u>----</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></u>		17. INFORMANT'S SIGNATURE OR NAME <u>James L. Ward, R #, Hannibal, Mo.</u> ADDRESS <u></u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Staphylococci Throat</u> ANTECEDENT CAUSES <u>Staphylococci septicemia</u> DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <u>0530</u>	
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>10-19-54</u> , to <u>10-19-54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10-19-54</u> , 19 <u>54</u> , and that death occurred at <u>8:45P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Mr. Patten</u>				23b. ADDRESS <u>Hannibal Mo</u>		23c. DATE SIGNED <u>Oct 23/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/22/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grand View Burial pr</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11/1/54</u>		REGISTRAR'S SIGNATURE <u>Dr E M Lucke</u>		194-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>By McFisher, McNeal & O'Connell</u> ADDRESS <u>Hannibal, Mo</u>	

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

RECEIVED NOV 9 1954
MARION COUNTY HEALTH DEPARTMENT
DATE FILED NOV 9 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
Signature of Student Embalmer

Signed *Michael J. O'Honnell*

Licensed Embalmer No. *374*

P. O. Address *Hammond*

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.