

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 27 1956

BIRTH NO. _____ REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 5424 Registrar's No. 85

1. PLACE OF DEATH
a. COUNTY Dunklin

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Dunklin

b. CITY (If outside corporate limits, write RURAL and give town or township) Rural-Union Twp.
c. LENGTH OF STAY (In this place) Life

c. CITY OR TOWN Rural-Union Twp
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Campbell, Rte. 3

e. STREET ADDRESS (If rural, give location) Rte. 3

3. NAME OF DECEASED (Type or Print)
a. (First) THOMAS b. (Middle) EDWARD c. (Last) WARD

4. DATE OF DEATH (Month) (Day) (Year)
JAN. 14, 1956

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child

8. DATE OF BIRTH July 5, 1945

9. AGE (In years last birthday) 10 if UNDER 1 YEAR Months 6 Days 9 if UNDER 11 WKS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School boy

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Campbell, Mo. R. 3

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas C. Ward.

13b. MOTHER'S MAIDEN NAME Rissie Dickens

14. NAME OF HUSBAND OR WIFE --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. T. C. Ward, Campbell, Mo. r. 3

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Traumatism by Firearms

ANTECEDENT CAUSES
Morbid conditions, if any, giving DUE TO (b) 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.

INTERVAL BETWEEN ONSET AND DEATH 15 min.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 43

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) near home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Union Twp. Dunklin Mo.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Jan. 14, 1956 2:15 p.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? While hunting rabbits a 22 gun carried by companion went off and entered left waist.

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 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Quinton Tarver (Degree or title) Coroner, Dunklin County

23b. ADDRESS Kennett, Mo.

23c. DATE SIGNED 1-19-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan. 16, 1956

24c. NAME OF CEMETERY OR CREMATORY Gravel Hill Cemetery
24d. LOCATION (City, town, or county) (State) Campbell, Mo. R. 3

DATE REC'D BY LOCAL REG. 1-20-1956
REGISTRAR'S SIGNATURE Mrs. Bessie Campbell

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Landess Funeral Home, Campbell, Mo.

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT1-23-56

COUNTY FILE NUMBER156-2

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.....
Christina M. Landress

Licensed Embalmer No...42

P. O. Address *Campbell*

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.