

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 4 - 1956

State File No. **9488**

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 133

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. CITY OR TOWN JOPLIN	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 2 DAYS		e. STREET ADDRESS (If rural, give location) 707 N. HARLEM AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION JOPLIN GENERAL HOSPITAL			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES	b. (Middle) CALMER	c. (Last) WARD	4. DATE OF DEATH (Month) (Day) (Year) MAR. 24, 1956
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 8, 1885
9. AGE (In years last birthday) 70		10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY EAGLE-PICHER CO.	11. BIRTHPLACE (City and State or Foreign Country) / TALAHUQUA, OKLA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME THAM WARD		13b. MOTHER'S MAIDEN NAME UNK	14. NAME OF HUSBAND OR WIFE WANONAH WARD
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNK		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS WANONAH WARD, 707 N. HARLEM AVE
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.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure			
ANTECEDENT CAUSES DUE TO (b) Myocarditis due to fatty infiltration unknown DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. chronic glomerulo nephritis arteriosclerosis			unknown
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 1 4221.		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) 1	
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?	
22. I hereby certify that I attended the deceased from 3-22-56 , 19___, to 3-24-56 , 19___, that I last saw the deceased alive on 3-24-56 , 19___, and that death occurred at 5:10 AM from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. E. Kilburne M.D.		23b. ADDRESS 521 W. 4th Joplin, Mo.	23c. DATE SIGNED 3-26-56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-26-56	24c. NAME OF CEMETERY OR CREMATORY OSBORNE MEMORIAL	24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI
DATE REC'D BY LOCAL REG. 3-30-56	REGISTRAR'S SIGNATURE Dorrie Merriam	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.	

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

County File Number 56-11-285
Date Filed APR 3 1956

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 F. M. Jones.....

Licensed Embalmer No. 23

P. O. Address Joplin

**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.**