

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

32911

State File No.

FILED OCT 2 1956

REG. DIST. NO. 353

PRIMARY REG. DIST. NO. 6196

Registrar's No. 27

BIRTH NO. _____		REG. DIST. NO. <u>353</u>		PRIMARY REG. DIST. NO. <u>6196</u>		Registrar's No. <u>27</u>	
1. PLACE OF DEATH a. COUNTY <u>Texas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Licking</u>		c. LENGTH OF STAY (in this place) <u>Definite</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Licking Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>1070</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Julie Ellen</u> b. (Middle) <u>Ward</u> c. (Last) <u>Ward</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 22 1956</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>July 10 1888</u>		9. AGE (in years last birthday) <u>68</u>		IF UNDER 1 YEAR: MONTHS _____ DAYS _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (City and State or Foreign Country) <u>Licking Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Wesley Reed</u>		13b. MOTHER'S MAIDEN NAME <u>Cynthia Hunter</u>	
14. NAME OF HUSBAND OR WIFE <u>Mart. Ward (deceased)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	
17. INFORMANT'S SIGNATURE OR NAME <u>Lou Haggard</u>		ADDRESS <u>Licking Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac & pulmonary arrest.</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-vascular renal disease</u>				<u>6 months</u>	
		DUE TO (c) <u>asthma & Verru pneumonia</u>					
		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) 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 May, 1956, to Sept, 1956, that I last saw the deceased alive on Sept 21, 1956, and that death occurred at 7:00 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>B J Myers D.O.</u> (Degree or title)		23b. ADDRESS <u>Licking, Mo</u>		23c. DATE SIGNED <u>9-24-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9/24/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shoemaker</u>	
		24d. LOCATION (City, town, or county) (State) <u>Texas Co. Mo</u>			

DATE REC'D BY LOCAL REG. <u>Sept. 25 1956</u>		REGISTRAR'S SIGNATURE <u>Elmora Nesser</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>Smith Ferguson</u>		ADDRESS <u>Licking Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

Ernest E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Licking, 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.