FILED JUL 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 25739

Registration District No. 290 — Primary Registration District No. 4427 — Registrar's No. 84

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Waynesville — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Residence — Length of stay in Ib: 10 Yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Pulaski
c. CITY OR TOWN: Waynesville — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Hwy 17 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Martha — Middle: None — Last: Ward
4. DATE OF DEATH: Month: July — Day: 3 — Year: 1957
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: June 4 1887
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months — IF UNDER 24 HRS.: Days: 26 — Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Henry Ward
14. MOTHER'S MAIDEN NAME: Nancy Beals
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: Martin Becker — Address: Waynesville, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease
DUE TO (c): Hypertension 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 1954, to 1957 and last saw her alive on 7-4-57
Death occurred at 12:00P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: H. E. Nichols (Degree or title) M.D.
22b. ADDRESS: Waynesville Mo
22c. DATE SIGNED: 7-3-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-4-57
23c. NAME OF CEMETERY OR CREMATORY: Mitchell Cemetery
23d. LOCATION (City, town, or county) (State): Waynesville Missouri

24. FUNERAL DIRECTOR: Billy Hedges — ADDRESS: HEDGES FUNERAL HOMES INC WAYNESVILLE MO
25. DATE RECD. BY LOCAL REG.: 7-4-57
26. REGISTRAR'S SIGNATURE: Ruth Lyne Anderson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED 7-6-57
Pulaski County Health Officer
84
File Number 7-4-57
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence Frost

Licensed Embalmer No. 5/8

P. O. Address Waynesvil

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.