

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 3 1958

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 49

219
STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>HOWARD</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Fayette</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>University Medical Center</u>		Length of stay in 1b <u>5 days</u>	d. STREET ADDRESS (If outside, give location) <u>Rochport St</u>
3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>W</u> Last <u>WARD</u>		4. DATE OF DEATH Month <u>JAN.</u> Day <u>28</u> Year <u>1958</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>12/24/01</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NOT KNOWN</u>	9. AGE (In years last birthday) <u>56</u>
13a. FATHER'S NAME <u>George WARD</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie White</u>	11. BIRTHPLACE (City and state or country) <u>NOT KNOWN</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <u>Not known</u> dates of service)		16. SOCIAL SECURITY NO. <u>Not known</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
17. INFORMANT <u>Patients hosp. chart</u>		14. NAME OF HUSBAND OR WIFE <u>NOT KNOWN</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Nepotoma</u>			INTERVAL BETWEEN ONSET AND DEATH <u>12-18 months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a.m. _____ p.m. _____		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
21. I attended the deceased from <u>1/23/58</u> to <u>1/28/58</u> and last saw <u>him</u> alive on <u>1/28/58</u>		Death occurred at <u>1:40 p.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Frank H. Mohr, M.D.</u> (Degree or title)		22b. ADDRESS <u>U of Mo. Med. Center, Columbia, Mo</u>	
22c. DATE SIGNED <u>1/28/58</u>		22d. DATE OF DEATH <u>1/28/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>1/29/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	23d. LOCATION (City, town or county) & (State) <u>Fayette, Missouri</u>
24. FUNERAL DIRECTOR <u>Ralph A Carr</u> ADDRESS <u>Fayette Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Jan. 29 1958</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 10 1958

FEB 19 1958

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 *Ralph A. Carr*

Licensed Embalmer No. *334*

P. O. Address *Jayette, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.