

00
57
0
2
2

Use only black ink or ribbon typewrite if possible.

Medical Certification

All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 21 1958

STATE FILE NUMBER 858

Registration District No. 120 Primary Registration District No. 4194 Registrar's No. 165

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Albany</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Albany</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gentry County Memorial Hosp.</u> Length of stay in 1b <u>3 days</u>		d. STREET ADDRESS (If outside, give location) <u>903 S. Benton</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Benjamin</u> Middle <u>Lee</u> Last <u>Ward</u>			4. DATE OF DEATH Month <u>January</u> Day <u>13</u> Year <u>1958</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 7, 1868</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>real estate</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>real estate</u>	9. AGE (In years last birthday) <u>89</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>real estate</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>real estate</u>	11. BIRTHPLACE (City and state or country) <u>Gentry Co. Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>William Ward</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Twedell</u>	
14. NAME OF HUSBAND OR WIFE <u>Anna Stewart Ward</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>unknown</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Mr. Paul Ward, Dallas, Texas</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>pyelonephrosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>arterio-sclerosis</u> DUE TO (c) <u>hypertatic pneumonitis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>20 yrs.</u> <u>1 day.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>6000</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Albany Gentry MO</u>	
21. I attended the deceased from <u>July - 56</u> to <u>1-13-58</u> and last saw ^{her} him alive on <u>1-13-58</u> Death occurred at <u>7:20</u> o. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Frank H. Rose M.D.</u>		22b. ADDRESS <u>Albany, MO.</u>	22c. DATE SIGNED <u>1-14-58</u>
23a. BURIAL, CREMATION, REBURYAL (Specify) <u>burial</u>	23b. DATE <u>Jan. 15, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Grandview</u>	23d. LOCATION (City, town, or county) (State) <u>Albany, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Clifford Brooks - Albany, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Jan. 15: 1958</u>	26. REGISTRAR'S SIGNATURE <u>Miss L. W. Bare</u>

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*me*....., Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed*Donald E. Cocheff*.....

Licensed Embalmer No.*4868*.....

P. O. Address*Albany, 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.