

FILED MAY 2 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014518
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1848

300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

B. I. B. I. T. S.

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1 | | Length of stay in lb. 14 yrs | d. STREET ADDRESS (If outside, give location) 111 1/2 W. 9 St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First John Middle Ward Last Ward | | | 4. DATE OF DEATH Month 4 Day 6 Year 1958 |
| 5. SEX Male | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 1-31-1884 |
| 9. AGE (In years last birthday) 74 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dishwasher | 11. BIRTHPLACE (City and state or country) Independence Mo. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dishwasher | | 10b. KIND OF BUSINESS OR INDUSTRY unknown | 12. CITIZEN OF WHAT COUNTRY? U.S. |
| 13a. FATHER'S NAME George Ward | | 13b. MOTHER'S MAIDEN NAME Betty unknown | 14. NAME OF HUSBAND OR WIFE none |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 500-05-1085 | 17. INFORMANT Address Jackson County Welfare |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH 4201 |
| 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 _____ a.m. _____ p.m. _____ | |
| 20d. INJURY OCCURRED WHILE AT <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 |
| 21. I attended the deceased from April 4, 1958 to April 6, 1958 and last saw her ^{him} alive on April 6, 1958 Death occurred at 11:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) B. B. Burns, M.D. | | 22b. ADDRESS 24th & Cherry | 22c. DATE SIGNED 4-7-58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Anatomical | 23b. DATE 4-11-58 | 23c. NAME OF CEMETERY OR CREMATORY Western Dental College | 23d. LOCATION (City, town, or county) (State) W. P. Mo |
| 24. FUNERAL DIRECTOR ADDRESS B. F. Weichert L.P. 8 Mo | | 25. DATE RECD. BY LOCAL REG. 4-10-58 | 26. REGISTRAR'S SIGNATURE Neva Marshall |



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 *B. E. Weirich*

Licensed Embalmer No. *4075*
P. O. Address *R. C. S. 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.