

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021683

STATE FILE NUMBER

FILED JUN 24 1958 Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Pattonsburg
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Reed Hosp.		Length of stay in 1b 34 Hours	d. STREET ADDRESS (If outside, give location) Rt. # 2
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
Mildred Ruth Ward			June 16, 1958		

5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH February 16, 1918	9. AGE (In years last birthday) 40	FUNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
-------------------------	----------------------------------	---	--	--	------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housekeeper	11. BIRTHPLACE (City and state or country) Civil Bend, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	--	---

13a. FATHER'S NAME John Sweany	13b. MOTHER'S MAIDEN NAME Barbara Ellen Waggoner	14. NAME OF HUSBAND OR WIFE Ray R. Ward
--	--	---

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. Lost	17. INFORMANT Ray R. Ward, Rt. #2, Pattonburg, Mo.
--	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Failure		INTERVAL BETWEEN ONSET AND DEATH 10 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Toxemia	36 hrs.
	DUE TO (c) Small Bowel Obstruction	36 hrs
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 <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 <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 6-14-58 to 6-16-58 and last saw ^{her} him alive on 6-16-58 Death occurred at 12:15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.	
--	--

22a. SIGNATURE G. H. Throogee (Degree or title) D.O.	22b. ADDRESS Bethany, Mo.	22c. DATE SIGNED 6-17-58
--	-------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 19, 1958	23c. NAME OF CEMETERY OR CREMATORY Coffey Cemetery	23d. LOCATION (City, town, or county) Coffey, Missouri
--	-----------------------------------	--	--

24. FUNERAL DIRECTOR Louis Gust ADDRESS Pattonburg, Missouri	25. DATE RECD. BY LOCAL REG. 6-18-58	26. REGISTRAR'S SIGNATURE Gella Mayes
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300

-57

470

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 *Louis Perrot*

Licensed Embalmer No. *4096*

P. O. Address *Fallonburg*

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.