

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025249

STATE FILE NUMBER

FILED JUL 21 1958

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 96

411
S. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Daviness</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethany</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Coffey</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Noll Hosp.</u>		Length of stay in 1b <u>12 Hours</u>	d. STREET ADDRESS (If outside, give location) <u>R.F.D. # 1</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Wilma Jean Ward</u>			4. DATE OF DEATH Month Day Year <u>July 9, 1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10-19-1954</u>		9. AGE (In years last birthday) <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Cameron, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>J. Kenneth Ward</u>		13b. MOTHER'S MAIDEN NAME <u>Stella Mae Martin</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>J. Kenneth Ward, Rt. # 1, Coffey, Mo.</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>CEREBRAL MENINGITIS</u>					INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>SKULL FRACTURE.</u>					<u>5 days</u>
DUE TO (c) <u>9020 21</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>HYDROCEPHALUS.</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <u>SKULL FRACTURE OCCURRED ON 7-4-58</u>			
20c. TIME OF INJURY Hour a.m. p.m. <u>7-4-58</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>R.F.D #1 COFFEY</u>		20g. COUNTY <u>031</u>	20h. STATE <u>MO.</u>
21. I attended the deceased from <u>7-6-58</u> to <u>7-9-58</u> and last saw her/him alive on <u>7-9-58</u> Death occurred at <u>5:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Albert D. Dierke M.D.</u>			22b. ADDRESS <u>Bethany Mo.</u>		22c. DATE SIGNED <u>7-11-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July 11, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Coffey Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Coffey, Mo.</u>
24. FUNERAL DIRECTOR <u>Sam Quest</u>		ADDRESS <u>Pattonburg, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-13-58</u>	26. REGISTRAR'S SIGNATURE <u>Gella Mayley</u>

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Ewert*

Licensed Embalmer No. *4096*

P. O. Address *Pattonburg*

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.