Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-039169
STATE FILE NUMBER

FILED NOV 25 1958

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 532

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY OR TOWN Cape Girardeau — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospt. — Length of stay in 1b: 1 hour

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Wayne
c. CITY OR TOWN Greenville — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Jason Middle Monroe Last Ward

4. DATE OF DEATH Month Nov. Day 15 Year 1958

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED** ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH MAR. 17, 1890

9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR: Months 7 Days 28 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant
10b. KIND OF BUSINESS OR INDUSTRY Merchantile
11. BIRTHPLACE (City and state or country) Hiram, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Pinkney Ward
13b. MOTHER'S MAIDEN NAME Mary Sophronia Braden
14. NAME OF HUSBAND OR WIFE Myrtle Caroline Hughey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 498-09-4929
17. INFORMANT Myrtle Caroline Ward — Address Greenville, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral thrombosis (Basilar massive) — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) (1) Atrial fibrillation
DUE TO (c) (2) Atherosclerosis (3) Diabetes Mellitus
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332X

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

All diseases in Part I must be causally related.

21. I attended the deceased from November 15th, to Nov. 15th, 1958 and last saw him alive on November 15th, '58
Death occurred at 1:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Albert M Estes (Degree or title) M.D.
22b. ADDRESS 714 Broadway, Cape Girardeau, Mo.
22c. DATE SIGNED 11/18/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov. 18, 1958
23c. NAME OF CEMETERY OR CREMATORY Greenville Cem.
23d. LOCATION (City, town, or county) Greenville (State) Mo.

24. FUNERAL DIRECTOR Gish Funeral Home — ADDRESS Norman W. Gish Greenville
25. DATE RECD. BY LOCAL REG. Nov. 21, 1958
26. REGISTRAR'S SIGNATURE Mrs. Homer Cooper

(Licensed Embalmer's Statement on Reverse Side)

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 Marvin E. Bowles

Licensed Embalmer No. 4426

P. O. Address Piedmont, Ma

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.