Health, Welfare Public Service

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REG.#17707

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043392
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 704

1. PLACE OF DEATH
a. COUNTY BUTLER
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) POPLAR BLUFF — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) VETERANS HOSPITAL — Length of stay in 1b: 3 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY STODDARD
c. CITY OR TOWN DEXTER 1031 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 303 PARK STREET — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: WILLIS Middle: CRAIN Last: WARD
4. DATE OF DEATH Month Day Year: DECEMBER 14, 1958
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 3-4-88
9. AGE (In years last birthday): 70 — 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): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: AGRICULTURE
11. BIRTHPLACE (City and state or country): AVA, ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: JOHN T. WARD
13b. MOTHER'S MAIDEN NAME: IDA MAY CRAIN
14. NAME OF HUSBAND OR WIFE: NONE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT: VA HOSPITAL RECORDS, POPLAR BLUFF, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) HEMORRHAGE FROM LEFT LENTICULOSTRIATE ARTERY SEVERE. — 3 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) HYPERTENSION, ESSENTIAL.
DUE TO (c) 331X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
HYPERTENSIVE HEART DISEASE WITH ACUTE CONGESTIVE HEART FAILURE.
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 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
21. I attended the deceased from December 11, 1958 to Dec. 14, 1958 and last saw him on the date stated above; and to the best of my knowledge, from the causes stated.
Death occurred at 11:40 A.M.
22a. SIGNATURE Robert S. Cohen (Degree or title) ROBERT S. COHEN, M.D., Chief, Medical Svc.
22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.
22c. DATE SIGNED 12/15/58

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 12-16-58
23c. NAME OF CEMETERY OR CREMATORY: Dexter cemetery
23d. LOCATION (City, town, or county) (State): Dexter, Missouri
24. FUNERAL DIRECTOR: Watkins & Sons — ADDRESS: Dexter, Mo.
25. DATE RECD. BY LOCAL REG.: 12/20/58
26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

FILE No.

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 Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.