

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012829

STATE FILE NUMBER

FILED MAY 12 1959 Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 85

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kennett, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kennett</b> <span style="float: right;">03520</span>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Dunklin Co. Mem. HOSPITAL</b>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <b>514 S. Hopper</b>
3. NAME OF DECEASED (Type or print) First <b>James</b> Middle <b>Montrose</b> Last <b>Ward</b>			4. DATE OF DEATH Month <b>4-</b> Day <b>30-</b> Year <b>1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 1, 1887</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Day Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years) (Age at birth) <b>72</b>
13a. FATHER'S NAME <b>D. W. Ward</b>		13b. MOTHER'S MAIDEN NAME <b>Josephine Crider</b>	14. NAME OF HUSBAND OR WIFE <b>deceased</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>491-18-4927</b>	17. INFORMANT Address <b>Claude Oliver, Kennett, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause or list for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiorenal disease Kidney disease</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Resulting in Uremia</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) <b>446X</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION <b>Kennett</b>		COUNTY _____ STATE _____	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>12:30 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Dwight or title) <b>Frederick O. Burman MD</b>		22b. ADDRESS <b>Kennett Mo</b>	22c. DATE SIGNED <b>5/17/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>May 2, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Ridge</b>	23d. LOCATION (City, town, or county) (State) <b>Kennett Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>McDaniel Fun. Serv. Kennett, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>5-9-1959</b>	26. REGISTRAR'S SIGNATURE <b>Earl H. ...</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Perry J. Roberts* .....  
Licensed Embalmer No. *4886* .....  
P. O. Address *Kennett, 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.