

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013603

FILED APR 20 1959

Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER 59-013603 Registrar's No. 1726

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3702 E. 72nd St.		Length of stay in lb 31 yrs	d. STREET ADDRESS (If outside, give location) 3702 E. 72nd St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First RALPH Middle V. Last WARD			4. DATE OF DEATH Month April Day 2 Year 1959		
5. SEX Male	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 Feb 16 1895		9. AGE (In years last birthday) 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Checker & Watchman		10b. KIND OF BUSINESS OR INDUSTRY U.S. Cold Storage Co.	11. BIRTHPLACE (City and state or country) Iantha, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Frank Ward		13b. MOTHER'S MAIDEN NAME Mary E. Ryan		14. NAME OF HUSBAND OR WIFE Reba 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. 486-03-3469	17. INFORMANT Address Mrs. Reba E. Ward, 3702 E. 72nd St.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac rupture Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) cardiac infarct DUE TO (c) coronary heart disease					INTERVAL BETWEEN ONSET AND DEATH immediate 4 days ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201					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 _____ a.m. _____ p.m. Month, Day, Year _____					
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 9-27-58 to April 2, 1959 and last saw him alive on April 2, 1959 Death occurred at 3 pm on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) P.M. Nunn M.D.			22b. ADDRESS 1401 SW Blvd K.C. Kan		22c. DATE SIGNED 4-3-59
23a. BURIAL - CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-5-59	23c. NAME OF CEMETERY OR CREMATORY Santhia Cem.		23d. LOCATION (City, town, or county) (State) Santhia, Mo.
24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar Funeral Home Woodland-Linwood			25. DATE RECD. BY LOCAL REG. 4-4-59	26. REGISTRAR'S SIGNATURE Reba Marshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

P. M. Nunn

Dr. P. N. Hanson

1401 S. W. Blvd.

To 2-0450

1-5 PM Fri

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 *Jamie E. Hackle*

Licensed Embalmer No. *4573*
P. O. Address *K. C. Moore*

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.