

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018797

STATE FILE NUMBER

FILED MAY 26 1959

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 71

300
1-57

1. PLACE OF DEATH a. COUNTY <u>RAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>RAY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>HARDIN</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ray County Hospital</u>		Length of stay in lb <u>2 hours</u>	089b STREET ADDRESS (If outside, give location) 0 <u>4 MILES NORTH HARDIN</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>WARD Kyle WOLLARD</u>			4. DATE OF DEATH Month Day Year <u>MAY 18 1959</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 3 1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL FARMING</u>	11. BIRTHPLACE (City and state or country) 0 <u>Ray County Missouri U.S.A.</u>
12a. FATHER'S NAME <u>Henry Allen Wollard</u>		12b. MOTHER'S MAIDEN NAME <u>Eudora Young</u>	12c. NAME OF HUSBAND OR WIFE <u>Nester Wollard</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>500-02-7631</u>	17. INFORMANT Address <u>Mrs. Nester Wollard Hardin Missouri</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>Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>arteriosclerosis mild</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>H201</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <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 <u>5-18-59</u> to <u>5-18-59</u> and last saw him alive on <u>5-18-59</u> Death occurred at <u>5-18-59 10:15 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Ch. Danault M.D.</u>		22b. ADDRESS <u>Richmond, Mo.</u>	22c. DATE SIGNED <u>5-21-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>By Rite</u>	23b. DATE <u>5-21-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Hope</u>	23d. LOCATION (City, town, or county) (State) <u>Ray County Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Dr. J. L. Funkhouser Home 210 Richmond, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>5-23-1959</u>	26. REGISTRAR'S SIGNATURE <u>Mabel Jackson</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

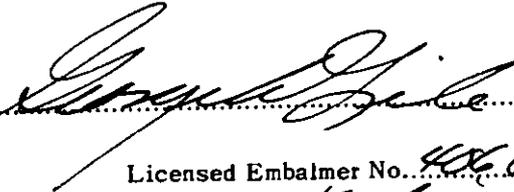
vector, coroner, etc., must use only standard nomenclature in item 18. No symptoms were observed. All diseases in Part I must be causally related.

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OCT 2 1959

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 

Licensed Embalmer No. 4066

P. O. Address Palmdale

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.