

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020140
STATE FILE NUMBER

FILED JUN 10 1959

Registration District No. 340 Primary Registration District No. 6152 Registrar's No. 611

1. PLACE OF DEATH a. COUNTY Stoddard			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dexter liberty Twp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Dexter		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Green Meadows Rest Home		Length of stay in 1b 4 days.	d. STREET ADDRESS (If outside, give location) 1031 6		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Edgar Middle Earl Last Ward			4. DATE OF DEATH Month May Day 26 , Year 1959		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 2, 1882	9. AGE (In years last birthday) 77	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) Salesman (retired)		10b. KIND OF BUSINESS OR INDUSTRY Salesman	11. BIRTHPLACE (City and state or country) Greenwood, Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George Ward		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE deceased	
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. 494-07-9454		17. INFORMANT Ruth Ray Marion, Ill. Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia DUE TO (b) Myocardial Infarction DUE TO (c) Coronary Occlusion 42c1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) (1) Advanced Atherosclerosis & (2) Muscular Dystrophy				INTERVAL BETWEEN ONSET AND DEATH 6 hr. 2 days 2 days	
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 May 24, 1959 to May 24, 1959 and last saw him alive on May 24, 1959 Death occurred at 11:40 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. M. Richerson, M.D.		(Degree or title) 2		22b. ADDRESS 19 N. Walnut Dexter, Mo.	
22c. DATE SIGNED 5-28-59					
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 5-28-59		23c. NAME OF CEMETERY OR CREMATORY Clinton Cemetery	
				23d. LOCATION (City, town, or county) (State) Clinton, Ky.	
24. FUNERAL DIRECTOR Watkins & Sons ADDRESS Dexter, Mo.			25. DATE RECD. BY LOCAL REG. 6-3-59		26. REGISTRAR'S SIGNATURE Velma D. Jenkins

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

4090

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 *Mark W. Johnson*

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.