

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020552
STATE FILE NUMBER

FILED JUL 13 1959 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 305

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wayne	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Greenville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Brandon Hosp.		Length of stay in 1b 63 days	d. STREET ADDRESS (If outside, give location) 1110
3. NAME OF DECEASED (Type or print) First William Middle Henry Last Ward		4. DATE OF DEATH Month June Day 25th 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 3rd 1875
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months 3 Days 22	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and state or country) Clubb, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Henry Paulser Ward	
13b. MOTHER'S MAIDEN NAME Martha Dorsey		14. NAME OF HUSBAND OR WIFE Elizabeth Gill 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. -	17. INFORMANT Kennett H. Ward 241 San Carlos Redwood, Calif.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute uremia DUE TO (b) chronic glomerulonephritis DUE TO (c) hypertension PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 592X			INTERVAL BETWEEN ONSET AND DEATH 1 week several years several years
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 Month, Day, Year a.m. p.m. 		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 4-23-59 to 6-25-59 and last saw her alive on 6-25-59 Death occurred at 8:10 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W.L. Brandon, M.D.		22b. ADDRESS 1124 N. Main Poplar Bluff, Mo.	22c. DATE SIGNED 6-29-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 28th 1959	23c. NAME OF CEMETERY OR CREMATORY White Hollow Cemetery	23d. LOCATION (City, town, or county) (State) Clubb, Missouri.
24. FUNERAL DIRECTOR Norman W. Gish Piedmont, Mo.		25. DATE RECD. BY LOCAL REG. 7/4/59	26. REGISTRAR'S SIGNATURE R. M. Muehle

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 *Roman W. Gish*

Licensed Embalmer No. *3387*

P. O. Address *321 N. Main
Bedmont 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.