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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-024335
STATE FILE NUMBER

FILED VS AUG 13 1959 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 366

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Poplar Bluff — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Dr.' Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Ark b. COUNTY: Clay
c. CITY OR TOWN: Corning — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): Gen. Delivery — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First MYRTLE Middle MARIE Last WARD

4. DATE OF DEATH: Month July Day 22 Year 1959

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Sept 5, 1904
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months 10 Days 17 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk, grocery store
10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store
11. BIRTHPLACE (City and state or country): Poyner, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: John Wesley McCauley
13b. MOTHER'S MAIDEN NAME: Bertie Ferguson
14. NAME OF HUSBAND OR WIFE: J. C. Ward

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.:
17. INFORMANT: J. C. Ward Address: Corning, Ark.

MEDICAL CERTIFICATION

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 failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary artery disease — 10 yrs
DUE TO (c) Hypercholesterolemia — 20 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes mell. 4201
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 WORK [ ] NOT WHILE AT WORK [ ]
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 7-8-59, to 7-22-59 and last saw her alive on 7-22-59
Death occurred at 7:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: David N. Miller M.D. (Degree or title)
22b. ADDRESS: 621 Pine Blvd, Poplar Bluff Mo.
22c. DATE SIGNED: 7-24-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/24/59
23c. NAME OF CEMETERY OR CREMATORY: Naylor Masonic
23d. LOCATION (City, town, or county) (State): Naylor, Missouri

24. FUNERAL DIRECTOR: Russell-Ermert Funeral Home ADDRESS: Corning, Ark.
25. DATE REC'D. BY LOCAL REG.: 8/6/59
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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BUTLER CO. HEALTH CENTER

FILE No.

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 Richard O. Ermer

Licensed Embalmer No. 782

P. O. Address Corning, Ar

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.