

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028787

FILED VS AUG 31 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 899

STATE FILE NUMBER

ORDER
NUMBER

1. PLACE OF DEATH a. COUNTY GREENE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in 1b	c. CITY OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1015 W. WALNUT		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1015 W. WALNUT		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First FRANCIS Middle G. Last WARD			4. DATE OF DEATH Month AUG. Day 24 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 12/26/87	9. AGE (last birthday) 71 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ACCOUNTANT CAMPBELL		10b. KIND OF BUSINESS OR INDUSTRY "66" EXPRESS		11. BIRTHPLACE (City and state or country) MENDON, ILL.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME FRANK WARD		13b. MOTHER'S MAIDEN NAME MARGARET GUNN		14. NAME OF HUSBAND OR WIFE DONA 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. 493-16-6080	17. INFORMANT DONA WARD		Address SPRINGFIELD, MO.	
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 Myocardial Infarction.					INTERVAL BETWEEN ONSET AND DEATH 5 min.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic Heart Disease					5 yrs	
DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 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 SPRINGFIELD		COUNTY GREENE
21. I attended the deceased from 8-24-59 to 8-24-59 and last saw her alive on 8-24-59 Death occurred at 11:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Paul C. Merton M.D. (Degree or title)			22b. ADDRESS 1630 N. Jefferson Ave. Springfield		22c. DATE SIGNED 8-25-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8/27/59	23c. NAME OF CEMETERY OR CREMATORY MAPLE PARK		23d. LOCATION (City, town, or county) SPRINGFIELD, MO. (State)		
24. FUNERAL DIRECTOR H.H. LOHMEYER		ADDRESS SPRINGFIELD, MO.		25. DATE RECD. BY LOCAL REG. 8-27-59	26. REGISTRAR'S SIGNATURE Effie E. Merton	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gene C. Hunter

Licensed Embalmer No. 4739

P. O. Address Spfld, Ill

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.