

# FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

# 59-034873

FILED VS OCT 13 1959

STATE FILE NUMBER

Registration District No. 224 Primary Registration District No. 6093 Registrar's No. 158

1. PLACE OF DEATH a. COUNTY <b>Saline</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Marshall</b>		Length of stay in 1b <b>6 yrs.</b>	c. CITY OR TOWN <b>North Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>Marshall State School &amp; Institution</b> <b>Hospital, Marshall, Mo.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>103 Evansdale Road</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Sherilyn</b> Middle <b>Rae</b> Last <b>Ward</b>			4. DATE OF DEATH Month <b>October</b> Day <b>9</b> Year <b>1959</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-2-1947</b>	9. AGE (last birthday) <b>12</b>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Patient</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Wyandotte Co., Kansas</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Melvin O. Ward</b>		13b. MOTHER'S MAIDEN NAME <b>Rachel E. Roberts</b>		14. NAME OF HUSBAND OR WIFE <b>---</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Marshall State School Records, Marshall, Mo.</b> 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) <b>Generalized pneumonia</b>					INTERVAL BETWEEN ONSET AND DEATH <b>5-26-1959</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Generalized miliary pulmonary monillia candida</b> DUE TO (c) <b>Mongoloid. Hirschsprung's disease. Intest</b>					to <b>10-9-1959</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Idiocy</b>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 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 <b>July 1953</b> to <b>October, 1959</b> and last saw her/him alive on <b>10-9-1959</b> Death occurred at <b>1:32</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>George J. [Signature]</i> <b>G. A. Johns, M.D., Supt.</b> (Degree or title)			22b. ADDRESS <b>Marshall State School &amp; Hospital, Marshall, Mo.</b>		22c. DATE SIGNED <b>10-9-1959</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. TIME <b>10-9-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Kansas City, Missouri</b>	23d. LOCATION (City, town, or county) (State)			
24. FUNERAL DIRECTOR <b>Newcomer North Kansas City</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>10-9-59</b>	26. REGISTRAR'S SIGNATURE <i>Carl G. Reed</i>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 26 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 Jack W. Riser

Licensed Embalmer No. 4643  
P. O. Address Marshall

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.