SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-000620

FILED VS FEB 8 1960

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. ~~#5~~ 15 STATE FILE NUMBER

AMENDED

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Carroll
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carrollton
Length of stay in 1b: 6 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 513 W. 5th street
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Carroll
c. CITY OR TOWN Carrollton
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 513 W. 5th street
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: albert Middle: Last: Ward.
4. DATE OF DEATH Month: Feb. Day: 1. Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: March 9. 1890
9. AGE (last birthday): 69
IF UNDER 1 YEAR: Months 10 Days 22
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
10b. KIND OF BUSINESS OR INDUSTRY: Electric Business
11. BIRTHPLACE (City and state or country): Dewitt Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: John Arthur Ward.
13b. MOTHER'S MAIDEN NAME: Cordelia May.
14. NAME OF HUSBAND OR WIFE: Daisy Cunningham Ward.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no.
16. SOCIAL SECURITY NO.: 486-09-9915
17. INFORMANT: Daisy Cunningham Ward. Address: Carrollton mo.

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) Coronary occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic ht disease
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 Jan 60, to 1 Feb 60 and last saw her/him alive on 31 Jan 60
Death occurred at 6 05 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E W Allen (Degree or title) MD
22b. ADDRESS Carrollton Mo
22c. DATE SIGNED 2 FEB 60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-4-60
23c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
23d. LOCATION (City, town, or county): Dewitt (State): Mo.

24. FUNERAL DIRECTOR: Marshall Funeral Home ADDRESS: Carrollton Mo
25. DATE RECD. BY LOCAL REG.: 2-4-60
26. REGISTRAR'S SIGNATURE: Mrs Herbert Calvert

(Licensed Embalmer's Statement on Reverse Side)

FEB 23 1961

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 R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton Mi

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.