URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 21 1960

60-009913
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 125

ENDED

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia
Length of stay in 1b 14 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone County Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Boone
c. CITY OR TOWN Centralia
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) So. Columbia St.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Charles Middle Wesley Last Ward
4. DATE OF DEATH Month Feb. Day 26 Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Jan. 26-1882
9. AGE (last birthday) 78
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Gentrain Co. Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Sam Ward
13b. MOTHER'S MAIDEN NAME Ellen Faddis
14. NAME OF HUSBAND OR WIFE Erie Ward
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 497-05-9560
17. INFORMANT Erie Ward Address Centralia, 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) CEREBROVASC. ACCIDENT
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) UNIDENT. VESSEL, LEFT HEMISPHERE — INTERVAL BETWEEN ONSET AND DEATH: 2 wks
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. ☐ 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 2-12-1960, to 2-26-1960 and last saw her/him alive on 2-26-1960
Death occurred at 6:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [illegible] (Degree or title) MD
22b. ADDRESS 22 N 8th Columbia, Mo.
22c. DATE SIGNED 2-29-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2/29/1960
23c. NAME OF CEMETERY OR CREMATORY Centralia Cemetery
23d. LOCATION (City, town, or county) (State) Centralia, Mo.

24. FUNERAL DIRECTOR Paul J. Basler ADDRESS Centralia, Mo.
25. DATE REC'D BY LOCAL REG. March 12, 1960
26. REGISTRAR'S SIGNATURE Mrs. R. E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed Paul J. Ballew

Signature of Student Embalmer

Licensed Embalmer No. 4206

P. O. Address Centralia, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.