

R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 1 1968

60-013987

Registration District No. 369 Primary Registration District No. 6253 Registrar's No. 1

STATE FILE NUMBER

INDEXED

DOCUMENT

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| 1. PLACE OF DEATH a. COUNTY <u>Wayne</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Wayne</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Williams Township</u> | | c. CITY OR TOWN <u>Williamsville, Mo.</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home Wayne Co. H.W. A</u> | | d. STREET ADDRESS (If outside, give location) <u>Home</u> | |

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|---|----------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) First <u>Clifford</u> Middle <u>(J)</u> Last <u>Word</u> | | | 4. DATE OF DEATH Month <u>March</u> Day <u>8</u> Year <u>1960</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>5-30-22</u> | 9. AGE (last birthday) <u>37</u> | IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>General</u> | 11. BIRTHPLACE (City and state or country) <u>Williamsville Mo</u> | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>Marion Judson Ward</u> | | 13b. MOTHER'S MAIDEN NAME <u>Rosa Joiner</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mary Sanders Word</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>490-14-0465</u> | | 17. INFORMANT Address <u>M. J. Word Williamsville Mo</u> | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |

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| 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 | | |
|---|--|--|--|--|--|

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|--|---|--|--|--------|-------|
| 19. WAS AUTOPSY PERFORMER? YES <input checked="" type="checkbox"/> NO <input 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 _____ to _____ and last saw her/him alive on _____
 Death occurred at 1:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22. SIGNATURE (Degree or title) <u>Mary E. Bowler Coroner</u> | | 22b. ADDRESS <u>Bredmont Mo</u> | | 22c. DATE SIGNED <u>3/22/1960</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>3-11-60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Holiday</u> | | 23d. LOCATION (City, town, or county) (State) <u>Williamsville Mo.</u> | |
| 24. FUNERAL DIRECTOR ADDRESS <u>William Cook Bredmont Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>3/24/1960</u> | | 26. REGISTRAR'S SIGNATURE <u>Sheila Louloue</u> | |

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 Coder Funeral Home, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723
P. O. Address Richmond, Va.

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