

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60=022416

FILED VS JUL 5 1960 042

1000

713

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in lb 35 years	c. CITY OR TOWN St. Joseph Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1415 Felix St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MABEL CLARK WARD			4. DATE OF DEATH Month Day Year June 26, 1960
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/23/1884
9. AGE (last birthday) 76		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) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Severance, Kansas
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Edward E. Clark	
13b. MOTHER'S MAIDEN NAME Ellen J. Jenkins		14. NAME OF HUSBAND OR WIFE W. H. 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. unknown	17. INFORMANT Address Mrs. W.W. Downs Dallas, Texas
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) peritonitis, generalized - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ruptured Coecum. DUE TO (c) Coecum over Colon Transverse.			INTERVAL BETWEEN ONSET AND DEATH 24 hrs 24 hrs. 6 hrs
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 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 6/25/60 to 6/26/60 and last saw her ^{her} _{him} alive on 6/26/60 . Death occurred at 4:25 p. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Mabel Clark Ward</i> (Degree or title)		22b. ADDRESS 430 N 82nd St Topeka Mo	22c. DATE SIGNED 6/29/60
23a. BURIAL, CREMATION, REMOVAL (Specify) cremation	23b. DATE 6/29/1960	23c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory	23d. LOCATION (City, town, or county) (State) Kansas City Missouri
24. FUNERAL DIRECTOR Hector Bowman, St. Joseph, Mo		25. DATE RECD. BY LOCAL REG. June 30, 1960	26. REGISTRAR'S SIGNATURE <i>Mr. Clark Goodell</i>

DOCUMENT

J.A. Perry, M.D. (Physician) CERTIFICATION

BY AFFIDAVIT OF

OCT 16 1961

By Henry, 217. on time

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: *William Spalding*

Licensed Embalmer No. 4535

P. O. Address *St. Joseph*

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.