MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-004713
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 54

FILED VS FEB 20 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: POPLAR BLUFF — Length of stay in 1b: 3 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: DOCTOR'S HOSPT. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY: WAYNE
c. CITY OR TOWN: GREENVILLE — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CHAMP Middle CLARK Last WARD
4. DATE OF DEATH: Month JAN. Day 31 Year 1961
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4/30/1912
9. AGE (last birthday): 48 — 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): COUNTY CLERK
10b. KIND OF BUSINESS OR INDUSTRY: COUNTY
11. BIRTHPLACE (City and state or country): SILVA, MO
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: GEORGE LESTER WARD
13b. MOTHER'S MAIDEN NAME: VIRGIE BRIDGES
14. NAME OF HUSBAND OR WIFE: GRETTA WARD
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO.
17. INFORMANT: GRETTA WARD Address: GREENVILLE, 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): Acute myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 60 hours
DUE TO (b): Arteriosclerotic heart disease — unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 1) Myocarditis, etiology undetermined 2) Healed myocardial infarction
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 29, 1961, to Jan 31, 1961 and last saw ~~her~~ him alive on Jan 31, 1961
Death occurred at 10:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert C Engelhardt [illegible]
22b. ADDRESS: Poplar Bluff, Mo
22c. DATE SIGNED: 2-5-61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 2-3-1961
23c. NAME OF CEMETERY OR CREMATORY: GREENVILLE CEM.
23d. LOCATION (City, town, or county): GREENVILLE (State): MO.

24. FUNERAL DIRECTOR: GISH — ADDRESS: GREENVILLE, MO.
25. DATE RECD. BY LOCAL REG.: 2/10/61
26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

FEB 20 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 Me, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Warren E. Bowles

Licensed Embalmer No. 4426

P. O. Address Piedmont, Me

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.