

# MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER **61-016673**

Registration District No. **43** Primary Registration District No. **3007** Registrar's No. **111**

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

**FILED JUN 12 1961**

1. PLACE OF DEATH  
 a. COUNTY **Butler**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Poplar Bluff** Length of stay in lb **3 weeks**  
 c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Lucy Lee** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Mo** b. COUNTY **Carter**  
 c. CITY OR TOWN **Van Buren** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **Ernie** Middle **Ward** Last **Ward** 4. DATE OF DEATH Month **May** Day **11** Year **1961**

5. SEX **M** 6. COLOR OR RACE **W** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **6-10-97** 9. AGE (last birthday) **63** 10. UNDER 1 YEAR  11. UNDER 24 HR  Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Lumber laborer** 10b. KIND OF BUSINESS OR INDUSTRY **Lumber** 11. BIRTH PLACE (City and state or country) **Clara Mo** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Ben Franklin Ward** 13b. MOTHER'S MAIDEN NAME **Caroline Napper** 14. NAME OF HUSBAND OR WIFE **Hattie Ward**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 17. INFORMANT **Hattie Ward** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Chronic rheumatic heart disease**  
 DUE TO (b) **Intractable cardiac failure with generalized anasarca.**  
 DUE TO (c) **Acute pulmonary embolism.**  
 INTERVAL BETWEEN ONSET AND DEATH **Two years**  
**One year**  
**sudden**

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 **June, 1958** to **May 11, 1961** and last saw her/him alive on **May 11, 1961**  
 Death occurred at **4:00 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **B.M. McClain, M.D.** 22b. ADDRESS **Poplar Bluff, Missouri** 22c. DATE SIGNED **5-29-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **May 13-61** 23c. NAME OF CEMETERY OR CREMATORY **Van Buren** 23d. LOCATION (City, town, or county) (State) **Van Buren Mo.**

24. FUNERAL DIRECTOR **Seaton Felicit Van Buren** ADDRESS **Van Buren** 25. DATE RECD. BY LOCAL REG. **6/4/1961** 26. REGISTRAR'S SIGNATURE **Shelma Graham**

**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 Seaton Pruitt

Licensed Embalmer No. 2287

P. O. Address Van Buren

Mo

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.