ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-036227
STATE FILE NUMBER

AMENDED

Registration District No. 62 Primary Registration District No. 5241 Registrar's No.

FILED NOV 13 1961

1. PLACE OF DEATH
a. COUNTY Cedar
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Madison Twp. — Length of stay in 1b: 10 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3 Miles S.W. of Fair Play — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri — b. COUNTY Cedar
c. CITY OR TOWN Fair Play — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 3 Miles S.W. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: GEORGE Middle: WALTER Last: WARD
4. DATE OF DEATH Month, Day, Year: Nov. 9, 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 10/14/80
9. AGE (last birthday): 81 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Humansville, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: George W. Ward
13b. MOTHER'S MAIDEN NAME: Mary Carlock
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mrs. Willa Morgan, Fair Play, 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) Natural Causes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Found dead in barn lot
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Mrs Geneva Cantlon Local Registrar
22b. ADDRESS: Stockton, Mo.
22c. DATE SIGNED: Nov 10-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/12/1961
23c. NAME OF CEMETERY OR CREMATORY: Stockton City Cemetery
23d. LOCATION (City, town, or county) (State): Stockton, Mo.
24. FUNERAL DIRECTOR: Cantlon Funeral Home — ADDRESS: Stockton, Mo.
25. DATE RECD. BY LOCAL REG.: 11-10-1961
26. REGISTRAR'S SIGNATURE: Mrs Geneva Cantlon

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stockton, 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.