

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-037348

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 512

FILED OCT 17 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jackxon	e. STATE Missouri b. COUNTY Jackxon		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence	Length of stay in 1b 9 yrs.	c. CITY OR TOWN Independence	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1605 Sheley Rd.	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1605 Sheley Rd.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First James	Middle Arthur	Last Ward	4. DATE OF DEATH	Month October	Day 11,	Year 1961
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Apr. 24, 1910	9. AGE (last birthday) 51	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician	10b. KIND OF BUSINESS OR INDUSTRY Twin City Electric Co.	11. BIRTHPLACE (City and state or country) Dewitt, Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Albert Ward	13b. MOTHER'S MAIDEN NAME Lucy Adkins	14. NAME OF HUSBAND OR WIFE Mildred Ward
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	17. INFORMANT Mildred Ward, 1605 Sheley Rd., Independence, Mo.
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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)	Acute Coronary Occlusion	1 Hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic Cardio Vasc Dis.	5 yrs.
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulm. Emphysema Chronic Recurrent Bronchial Asthma	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 PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	21. 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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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 Independence, Mo.	COUNTY	STATE
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21. I attended the deceased from **Dec 1957** to **Oct 10, 1961** and last saw him alive on **Oct 5, 1961**
Death occurred at **5:00 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) AD Eshelman, M.D.	22b. ADDRESS 9306 E New 40 Highway Independence, Mo.	22c. DATE SIGNED 10-11-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-11-61	23c. NAME OF CEMETERY OR CREMATORY Bogard, Missouri	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Mo.	25. DATE RECD. BY LOCAL REG. 10-11-61	26. REGISTRAR'S SIGNATURE Alba L. Craig
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

OCT 19 1961
AUG 21 1962

NOV 29 1961

OCT 24 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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bethan W Meeker

Licensed Embalmer No. 5078

P. O. Address RC, 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.