

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-005745

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 604

AMENDED

FILED FEB 27 1962

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 1 Year c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BUTLER c. CITY OR TOWN POPLAR BLUFF Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) 426 LESTER ST., APT. #2 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM PAUL WARD			4. DATE OF DEATH Month Day Year FEBRUARY 13, 1962		
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 4-20-92	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN		11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI	
13a. FATHER'S NAME THOMAS J. WARD		13b. MOTHER'S MAIDEN NAME MARY M. MANION		14. NAME OF HUSBAND OR WIFE ELIZABETH WARD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. [Redacted]		17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO.	

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEUMONIA, BILATERAL, ASPIRATION. DUE TO (b) CEREBRAL VASCULAR ACCIDENT. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) CEREBRAL ARTERIOSCLEROSIS.	INTERVAL BETWEEN ONSET AND DEATH ---
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) HYPERTENSION, ESSENTIAL.	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 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.) VA	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year VA			
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.) VA	
20f. CITY, TOWN, OR LOCATION VA		COUNTY STATE	

21. I attended the deceased from November 9, 1961 to Feb. 13, 1962 and last saw him alive on _____
 Death occurred at 4:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>David H. Miller, M.D., Asst. Pathologist</i>	22b. ADDRESS VA Hospital, Poplar Bluff, Mo.	22c. DATE SIGNED 2/15/62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-17-62	23c. NAME OF CEMETERY OR CREMATORY Jefferson Barracks Jefferson Barracks, Mo.
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24. FUNERAL DIRECTOR ADDRESS Frank Cotrell Poplar Bluff, Mo.	25. DATE RECD. BY LOCAL REG. 2/24/1962	26. REGISTRAR'S SIGNATURE <i>Shelma Graham</i>
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

TS APR 23 1962

MAR 29 1962

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

Charles E. Mungel

Licensed Embalmer No. 48177

P. O. Address Poplar Bl.

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.