

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-038527

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 142 Primary Registration District No. 3336 Registrar's No. 50

FILED NOV 5 1962

VS 300  
Rev. 4/59

1 0460

2 20460

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4 0

5 1

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7 1

8 0

9 260X

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11

12 9-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Howell</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Howell</b>                        |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Goldsberry</b>   |  | c. CITY OR TOWN <b>Mountain View</b>  |  |
| Length of stay in 1b   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (if NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>   |  | d. STREET ADDRESS (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                      |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Thomas</b> Middle <b>Jefferson</b> Last <b>Ward</b>  |  | 4. DATE OF DEATH<br>Month <b>October</b> Day <b>29</b> Year <b>1962</b>   |  |
| 5. SEX <b>M.</b>   | 6. COLOR OR RACE <b>W.</b>             | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>12/28/1886</b>   |
| 9. AGE (last birthday) <b>76</b>   |  | IF UNDER 1 YEAR<br>Months Days Hours Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farming</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY   |  |
| 11. BIRTHPLACE (City and state or country)<br><b>Pomeroyton, Kentucky</b>  |  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |  |
| 13a. FATHER'S NAME<br><b>Henry Ward</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary ?</b>  |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>Bernice Ward</b>   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                    |  |
| 16. INFORMANT<br><b>Bernice Ward Mtn. View, Mo.</b>  |  | Address   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Uremia</b><br>DUE TO (b) <b>Arteriosclerotic nephrosclerosis</b><br>DUE TO (c) <b>Diabetes mellitus</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |   | 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)<br><b>A.S.H.D. &amp; congestive heart failure</b>  |  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input 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.)  |  |   |  |
| 20c. TIME OF INJURY<br>Hour s.m. p.m. Month, Day, Year   |  |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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   |  | COUNTY STATE  |  |
| 21. I attended the deceased from <b>Oct 2 1962</b> to <b>Oct 29 1962</b> and last saw her/him alive on <b>Oct 29 1962</b><br>Death occurred at <b>Oct 29 1962</b> m on the date stated above, and to the best of my knowledge, from the causes stated.   |  |   |  |
| 22a. SIGNATURE<br><b>M. C. Walton M.D.</b>   |  | 22b. ADDRESS<br><b>Mtn. View, Mo.</b>   |  |
| 22c. DATE SIGNED   |  | 22d. SIGNATURE  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 23b. DATE<br><b>11/1/1962</b>   |  |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Chapel Hill Cem.</b>  |  | 23d. LOCATION (City, town, or county) (State)<br><b>Mtn. View, Mo.</b>  |  |
| 24. FUNERAL DIRECTOR<br><b>Duncan Funeral Home</b>   |  | 25. DATE RECD. BY LOCAL REG.<br><b>11-2-62</b>  |  |
| ADDRESS<br><b>Mtn. View, Mo.</b>   |  | 26. REGISTRAR'S SIGNATURE<br><b>Laura Mitchell</b>  |  |

To Doctor 11: A.M. 10/30/62

Rec'd from Dr. 11:A.M. 11/1/62

To Local Reg. 11:05 A.M. 11/1/62

2961 6 NOV

**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 [Signature]

Licensed Embalmer No. 43215

P. O. Address Yonkers, N.Y.

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.