MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-049687

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6755

FILED FEB 18 1963

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: 17 hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. LUKE'S — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: LEE'S SUMMIT — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 230 S. MAIN — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First BABY Middle BOY Last WARD

4. DATE OF DEATH: Month 11 Day 13 Year 62

5. SEX: MALE

6. COLOR OR RACE: W

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 11-12-62

9. AGE (last birthday): —

IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HR: Hours 17 Min. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (City and state or country): K.C. Mo

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: RONALD WALLACE WARD

13b. MOTHER'S MAIDEN NAME: GLORIA JEAN SPRINGER

14. NAME OF HUSBAND OR WIFE: —

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

16. SOCIAL SECURITY NO.: —

17. INFORMANT: JEAN WARD / Address: 230 S. MAIN LEE'S SUMMIT MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Prematurity. — From Birth.

DUE TO (c):

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 11-12 62, to 11-13-62 and last saw ~~her~~ him alive on 11-13-62

Death occurred at 1:37 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Arden Smull (Degree or title) MR

22b. ADDRESS: 7501 Minnow Rd P.V.Ks.

22c. DATE SIGNED: 11-13-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Disposal

23b. DATE: 11-13.62

23c. NAME OF CEMETERY OR CREMATORY: St. Luke's Hosp.

23d. LOCATION (City, town, or county) (State): Kansas City Mo.

24. FUNERAL DIRECTOR: St. Luke's Hosp. ADDRESS: K.C. Mo.

25. DATE RECD. BY LOCAL REG.: 2-13.63

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

Ned W. Smull

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_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.