

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033865
STATE FILE NUMBER

FILED OCT 14 1958

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 1057

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Ray			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rayville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Rayville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Street not listed		Length of stay in 1b lifetime	d. STREET ADDRESS Street not listed		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Ida Jane Ward			4. DATE OF DEATH Oct. 9 1958 Month Day Year			
5. SEX Female	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 Jan. 28/1898	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 60 Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and state or country) Rayville, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Kelly Campbell		13b. MOTHER'S MAIDEN NAME Mollie Holman		14. NAME OF HUSBAND OR WIFE Clyde C. Ward		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, known) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Clyde C. Ward Rayville, 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) Coronary Occlusion					INTERVAL BETWEEN ONSET AND DEATH INST	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ''						
DUE TO (c) 4201						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Hour Month, Day, Year a.m. p.m.						
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> 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 Rayville		COUNTY Ray	STATE Missouri	
21. I attended the deceased from 4-1-58 to 10-9-58 and last saw her ^{alive} on 10-1-58 . Death occurred at 12:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE E. E. Gray M.D. (Degree or title)			22b. ADDRESS Richmond		22c. DATE SIGNED 10-10-58	
23a. BURIAL, CREMATION, RENOVAL (Specify) Burial	23b. DATE 10/11/58	23c. NAME OF CEMETERY OR CREMATORY Old union		23d. LOCATION (City, town, or county) (State) Ray Co. Missouri		
24. FUNERAL DIRECTOR Quest-Lite Funeral Home Richmond, Missouri		25. DATE RECD. BY LOCAL REG. 10-12-1958	26. REGISTRAR'S SIGNATURE Maluel Jackson			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Mavis D. Bailey*

Licensed Embalmer No. *4227*
P. O. Address *Richmond, Va*

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.