

FILED JUL 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23865

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2007		Registrar's No. 313	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jasper		b. CITY (If outside corporate limits, write RURAL and give township) Joplin		a. STATE Missouri		b. COUNTY Jasper	
c. LENGTH OF STAY (in this place) 39 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) 49 Joplin		d. STREET ADDRESS (If rural, give location) 926 Chestnut			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH		5. SEX	
a. (First) George		b. (Middle) Erwin Cullen		c. (Last) Ward		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 16, 1874		9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Optometrist	
11. BIRTHPLACE (State or foreign country) Rector, Arkansas		12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME Thos. Jefferson Ward		13b. MOTHER'S MAIDEN NAME Unknown	
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) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr. Harold Ward Goodman, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION				INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (ABOVE DIAGNOSIS FROM MEDICAL RECORDS OF W.B. CHAPMAN M.D.)			
19a. DATE OF OPERATION NONE				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify)			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR				22. I hereby certify that I attended the deceased from (DID NOT ATTEND SAME), 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title)				23b. ADDRESS Joplin National Bank Joplin, Mo. 7-14-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-14-1949		24c. NAME OF CEMETERY OR CREMATORY Osborne Cemetery		24d. LOCATION (City, town, or county) (State) Joplin, Missouri	
DATE REC'D BY LOCAL REG. 7-16-49		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker-Hunsaker Mortuary, Joplin, Mo.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 7-27-49

Jasper County Health Office

County File Number 49-7-571

Date Filed 7-28-49

DEC 17 1952

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.

Signed Steno Parker

Signed _____
Student Embalmer

Licensed Embalmer No. 2548

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 this body is not embalmed, fact should be so stated above.