

FILED JUN 21 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21778

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <b>Shelby County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>	
b. CITY OR TOWN <b>Shelbina, Mo.</b>		c. CITY OR TOWN <b>Shelbina</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>20 yrs.</b>		STREET ADDRESS (If rural, give location) <b>X</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>			

3. NAME OF DECEASED a. (First) <b>JAMES</b> b. (Middle) <b>GERALD</b> c. (Last) <b>WARD</b>			4. DATE OF DEATH <b>6-7-1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>5-10-1882</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>27</b>
10a. USUAL OCCUPATION (Give kind of work or profession of deceased if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>West Point, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Robert Ward</b>	13b. MOTHER'S MAIDEN NAME <b>Catherine Hinkel</b>	14. NAME OF HUSBAND OR WIFE <b>Anna V. Ward</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>X</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. A. O. Willey, Quincy, Ill.</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>10 mo.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary heart disease</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min)	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 Sept 2, 1953, to June 7, 1954, that I last saw the deceased alive on June 1, 1954, and that death occurred at 9:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. H. Tomei D.O.</b>	23b. ADDRESS <b>Shelbina, Mo.</b>	23c. DATE SIGNED <b>6/14/54</b>
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24a. BURIAL (CREMATION) (Specify) <b>Burial</b>	24b. DATE <b>6-9-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Shelbina Cmty.</b>	24d. LOCATION (City, town, or county) (State) <b>Shelbina, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>6-18-54</b>	REGISTRAR'S SIGNATURE <b>Ada Harrison</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Barkelaw-Hawkins</b>	ADDRESS <b>Shelbina, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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..... *W. H. Lewis*

Licensed Embalmer No. *3490*

P. O. Address *Shelby*

**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.