

No. 300
10.48

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5601 State File No. 280772

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>3077</u>		Registrar's No. <u>104</u>	
1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Alabama b. COUNTY Not Known			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Columbus		c. LENGTH OF STAY (In this place) ?		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Opp Ala.		9010	
d. FULL NAME OF HOSPITAL OR INSTITUTION About 15 Mi. West of Warrensburg,				d. STREET ADDRESS (If rural, give location) 308 East Hart Street			
3. NAME OF DECEASED (Type or Print) a. (First) Donald			b. (Middle) Thomas			c. (Last) Ward	
4. DATE OF DEATH (Month) (Day) (Year) Aug. 7 1954		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH July 25 1925		9. AGE (In years last birthday) 25		IF UNDER 1 YEAR Months Days 0 0		IF UNDER 1 WEEK Hours Min. 0 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) A-1st C			10b. KIND OF BUSINESS OR INDUSTRY U.S.A.F.			11. BIRTHPLACE (State or foreign country) Opp Alabama	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME L. T. Ward		13b. MOTHER'S MAIDEN NAME Cassie Donaldson		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) July, 25 1951 To Present		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS U.S.A.F Records Sedalia Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Injury ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Auto Accident DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH one hour one hour	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Expired enroute to hospital in Ambulance				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Intersection of Hwy 50 and 7 JACKSON, MO.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-7-54 10:30 p.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto Accident			
22. I hereby certify that I attended the deceased from Aug. 7, 1954 to Aug. 7, 1954 that I last saw the deceased alive on _____, 19____, and that death occurred at 11 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE Keith D. Jones, M.D.				23b. ADDRESS Warrensburg, Mo.		23c. DATE SIGNED 8-8-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-8-54		24c. NAME OF CEMETERY OR CREMATORY ?		24d. LOCATION (City, town, or county) (State) Opp, Alabama	
DATE REC'D BY LOCAL REG. Aug. 8, 1954		REGISTRAR'S SIGNATURE Savannah Hutchins		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gallispie Funeral Home Sedalia MO			

(Licensed Embalmer's Statement on Reverse Side)

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

0570
39

FEB 18 1955

RECEIVED
AUG 9 1954
RECEIVED

JOHNSON COUNTY HEALTH DEPT

AUG 18 1954

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

J. Earl Driel

Licensed Embalmer No. 3878

P. O. Address Warrensburg

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.