

FILED DEC 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40277

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5135</u>		Registrar's No. <u>66</u>	
1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>			
b. CITY (If outside corporate limits, write RURAL and give name of town) <u>Rural-Ashhill</u>		c. CITY OR TOWN <u>Rural-Ashhill</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		e. LENGTH OF STAY (In this place) <u>18 yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 Mi. S. of Fisk, Mo.</u>				STREET ADDRESS (If rural, give location) <u>4 Mi. South of Fisk, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Ward</u>			4. DATE OF DEATH (Month) <u>Dec.</u> (Day) <u>16</u> (Year) <u>1954</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input checked="" type="checkbox"/> DIVORCED (Specify)		8. DATE OF BIRTH <u>July 15, 1887</u>	
9. AGE (In years, months, days) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Milford, Michigan</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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 Foreign Country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>James Ward</u>		13b. MOTHER'S MAIDEN NAME <u>CECELIA FORTNER</u>		14. NAME OF HUSBAND OR WIFE <u>BETTY WARD</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Betty Ward</u>		ADDRESS <u>Fisk, Mo.</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic Carcinoma</u> ANTECEDENT CAUSES <u>Type unknown</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>162x</u>	
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) (Minute)		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 <u>2-19</u> , 19 <u>53</u> , to <u>Nov 8</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Nov 8</u> , 19 <u>54</u> , and that death occurred at <u>8:00</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degrees or title) <u>Karl O. Ahrensbeckson M.D.</u>				23b. ADDRESS <u>Pepper Bluff, Mo</u>		23c. DATE SIGNED <u>12-21-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-17-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shain Memorial Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Butler County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12/22/54</u>		REGISTRAR'S SIGNATURE <u>B. D. Muehle</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. White</u>		ADDRESS <u>Fisk, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

DEC 27 1954
BUTLER CO. HEALTH CENTER

FILE No. _____

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 Marsh Watkins

Licensed Embalmer No. 471

P. O. Address Dexter M

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.