

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27185

State File No.

FILED AUG 22 1955

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| BIRTH NO. <u>522</u> | | REG. DIST. NO. <u>224</u> | | PRIMARY REG. DIST. NO. <u>3052</u> | | Registrar's No. <u>215</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> | | c. LENGTH OF STAY (in this place) <u>Life</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> | | d. STREET ADDRESS (If rural, give location) <u>1009 W. 2nd</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1009 W. 2nd</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JOAN</u> b. (Middle) <u>FRANCES</u> c. (Last) <u>WARD</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 14 1955</u> | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | | 8. DATE OF BIRTH <u>Aug 13 1955</u> | |
| 9. AGE (In years last birthday) <u>1 day</u> | | 10. AGE (In years last birthday) <u>1 day</u> | | 11. BIRTH PLACE (State or foreign country) <u>Sedalia Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | |
| 13a. FATHER'S NAME <u>Glen Ward</u> | | | | 13b. MOTHER'S MAIDEN NAME <u>Betty Brosch</u> | | 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) | | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME <u>Glen Ward</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | 19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Labor- 6 mos gestation</u> INTERVAL BETWEEN ONSET AND DEATH <u>32 hrs.</u> ANTECEDENT CAUSES DUE TO (b) <u>Marginal Placenta Praevia, Last 2 mos.</u> DUE TO (c) <u>Born- August 13th, 1955- 5.17 A.M.</u> <u>Died- August 14th, 1955- I.P.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None other.</u> | | | |
| 19a. DATE OF OPERATION <u>None.</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Normal Delivery. L.S.A.- Full Breech.</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | 21d. HOW DID INJURY OCCUR? | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None.</u> | | 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>Aug. 13th, 1955</u> , to <u>Aug. 14th, 1955</u> , that I last saw the deceased alive on <u>Aug. 14th, 1955</u> , and that death occurred at <u>I.P.</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Jno. B. Cardale, M.D.</u> | | | | 23b. ADDRESS <u>Sedalia, Missouri.</u> | | 23c. DATE SIGNED <u>8-15-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>8-15-55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u> | | 24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>8-15-55</u> | | REGISTRAR'S SIGNATURE <u>John E. ...</u> | | F. FUNERAL DIRECTOR'S SIGNATURE <u>John E. ...</u> | | ADDRESS <u>Sedalia</u> | |

Licensed Embalmer's Statement on Reverse Side

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

Student Embalmer

Signed _____

Not Embalmed

Licensed Embalmer No.

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.