

FILED OCT 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34309

STATE FILE NUMBER

4313

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 1002

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SIBLEY		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V. A. HOSPITAL		Length of stay in lb 5 DAYS	d. STREET ADDRESS ROUTE 1		(If outside, give location) 1000 Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) EWING			First	Middle (NMI)	Last WARD
4. DATE OF DEATH October 1, 1956		Month	Day	Year	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH November 11, 1893	
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter-RETIRED		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Warrensburg, Missouri	
13. FATHER'S NAME Charles O. Ward			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
14. MOTHER'S MAIDEN NAME Elizabeth Ford			17. INFORMANT Official VA Hospital Records, K. C. Mo.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 496-09-9121		17. ADDRESS	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarct		DUE TO (b) Arteriosclerosis heart disease		DUE TO (c) Coronary thrombosis	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 10 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 420.0	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. Attended the deceased from Sept. 26, 1956 to October 1, 1956 and XXXXXXXXXXXXXXXXXXXXXXXXXXXX Death occurred at 6:00 A. M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Heramus M. D		22b. ADDRESS VA Hospital 4801 Linwood, Kansas City, Mo.		22c. DATE SIGNED 10-1-56	
23a. BURIAL, CREMATION, REINTERMENT (Specify) Burial		23b. DATE 10-3-56		23c. NAME OF CEMETERY OR CREMATORY WOODLAWN CEMETERY INDEPENDENCE Missouri	
24. FUNERAL DIRECTOR D. W. NEWCOMER'S Sons		ADDRESS K. C., MO.		25. DATE RECD. BY LOCAL REG. 10-3-56	
26. REGISTRAR'S SIGNATURE Mona Minshull					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
N. E. Ravines, M.D.

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

JAN 2 1958

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 *Paul R. Williamson*

Licensed Embalmer No. *50*

P. O. Address *K.C. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.