FILED JAN 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2327
STATE FILE NUMBER

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bowling Green — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Pike
c. CITY OR TOWN Bowling Green — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: LEWIS Middle: WESTON Last: WARD

4. DATE OF DEATH Month: Jan Day: 7 Year: 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Aug. 21 1872
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 4 Days 16 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Rockport Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas J. Ward
14. MOTHER'S MAIDEN NAME: Emily DeMoiner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or date of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Ethel Ward Address: Bowling Green Mo

MEDICAL CERTIFICATION

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 Insufficency — INTERVAL BETWEEN ONSET AND DEATH: 1 Month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Endocarditis — yrs
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4214

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec 1 1956 to 1-7-57 and last saw ~~her~~ him alive on 1-4-57
Death occurred at 10 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J.M. Mathews (Degree or title) M.D.
22b. ADDRESS: Bowling Green Mo
22c. DATE SIGNED: 1-12-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan 10 1957
23c. NAME OF CEMETERY OR CREMATORY: Taylor
23d. LOCATION (City, town, or county): Rockport (State): Ill

24. FUNERAL DIRECTOR: Grace Bankhead ADDRESS: Bowling Green Mo
25. DATE RECD. BY LOCAL REG.: 1-14-57
26. REGISTRAR'S SIGNATURE: Bill Robinson

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in describing diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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APR 6 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harold Kirk

Licensed Embalmer No 45

P. O. Address [redacted]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to [redacted]mply 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.