

FILED MAY 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12088**

BIRTH NO. _____		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 4042		Registrar's No. 31			
1. PLACE OF DEATH a. COUNTY Bollinger				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Bollinger					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lutesville		c. LENGTH OF STAY (in this place) 20 yrs		c. CITY OR TOWN Lutesville		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				e. STREET ADDRESS (If rural, give location) 0090 0					
3. NAME OF DECEASED (Type or Print) a. (First) HARRY		b. (Middle) JENNINGS		c. (Last) WARD		4. DATE OF DEATH (Month) 5 (Day) 3 (Year) 57			
5. SEX 0 M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Sept 30, 1896			
9. AGE (In years last birthday) 60		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Marshal-Street Com		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Wayne County, Mo.			
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Samual Adolph Ward		13b. MOTHER'S MAIDEN NAME Eliza Collier		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. WW-1-7-21-18 491-16-3752		17. INFORMANT'S SIGNATURE OR NAME Mrs. Eva Myers		ADDRESS St. Louis, 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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular syndrome DUE TO (c) Arteriosclerosis 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		4201		20. AUTOPSY? 2 YES ☐ NO ☒			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 8/2 , 19 55 , to 5/2 , 19 57 that I last saw the deceased alive on 5/2 , 19 57 , and that death occurred at 9 P m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) John J. Myers				23b. ADDRESS Lutesville Mo		23c. DATE SIGNED 5/6/57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-5-57		24c. NAME OF CEMETERY OR CREMATORY Bollinger Co. Mem		24d. LOCATION (City, town, or county) (State) Lutesville, Mo			
DATE REC'D BY LOCAL REG. 5/7/57		REGISTRAR'S SIGNATURE Mrs. Buford Crader		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gene Wood Lutesville, Mo					

(Licensed Embalmer's Statement on Reverse Side)

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

320

MAY 14 1961

JAN 18 1961

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..... *R. O. Laine*

Licensed Embalmer No. *4538*

P. O. Address *Jackson, ms*

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.