FILED JUL 29 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 24261

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 132

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Trenton, Missouri. Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Cullors Hospital. Length of stay in 1b: 1 week

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

3. NAME OF DECEASED (Type or print): First: Harry Middle: Dale Last: Ward

4. DATE OF DEATH: Month: July Day: 11 Year: 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: March 8, 1888
9. AGE (In years last birthday): IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Mercer County, Missouri.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: William Ward
14. MOTHER'S MAIDEN NAME: Lave Vanderpool
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW # 1
16. SOCIAL SECURITY NO.: 497-14-5296
17. INFORMANT: Mrs. Harry D. Ward, Jamesport, 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) Acute Pulmonary Infarct — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Pulmonary thrombosis, — 5 hrs.
DUE TO (c) Chronic myocarditis with valvular defect. — 5 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Cholecystitis with cholelithiasis, acute, severe 4 2/4
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 July 1, 1957 to July 11, 1957 and last saw him alive on July 11, 1957
Death occurred at 9:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. L. Clark, (Degree or title) M. D.
22b. ADDRESS: Trenton, Mo.
22c. DATE SIGNED: July 23, 1957

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 15 July 1957
23c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery
23d. LOCATION (City, town, or county) (State): Jamesport, MO.

24. FUNERAL DIRECTOR: H.A. Roberson ADDRESS: Jamesport Mo.
25. DATE RECD. BY LOCAL REG.: 7/24/57
26. REGISTRAR'S SIGNATURE: Irene Fair

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

AUG 1 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed ..... Robertson

Licensed Embalmer No. 32

P. O. Address Jamesp

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.