

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35084**

FILED NOV 4 1957

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **5781** Registrar's No. **501**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Rural-Apple Creek		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) _____		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION U. S. Hwy 61 Near Old Appleton		e. STREET ADDRESS (If rural, give location) 4101 Lafayette	

3. NAME OF DECEASED (Type or Print) a. (First) Curtis b. (Middle) E. c. (Last) Ward	4. DATE OF DEATH (Month) 10- (Day) 13- (Year) 57
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-5-1912	9. AGE (In years last birthday) 45 if UNDER 1 YEAR Months _____ Days _____ if UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Sta. Operator	10b. KIND OF BUSINESS OR INDUSTRY Service Station	11. BIRTHPLACE (City and State or Foreign Country) Greenbrier, Arkansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Carol Ward	13b. MOTHER'S MAIDEN NAME Martha Bell	14. NAME OF HUSBAND OR WIFE Margie Ward
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. 2	16. SOCIAL SECURITY NO. 492-16-4096	17. INFORMANT'S SIGNATURE OR NAME Darrell R. Ward	ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage of the Brain		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) a severe commotion DUE TO (c) trauma of left temporal bone		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Highway 61	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Cape Pin, Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Oct - 13, 1957 2:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? One auto sideswiped another
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. G. Sigmond, Coroner	(Degree or title) 3	23b. ADDRESS Jackson, Mo	23c. DATE SIGNED 10/26/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-17-57	24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery	24d. LOCATION (City, town, or county) (State) Kennett, Missouri
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DATE REC'D BY LOCAL REG. 10-29-57	REGISTRAR'S SIGNATURE C. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE Emerson and Son	ADDRESS Jonesboro, Ark.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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NOV 20 1957

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 *[Signature]*

Licensed Embalmer No. *895*

P. O. Address *Jonesboro, Ark*

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.