

FILED NOV 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **36213**
Registrar's No. **4713**

Registration District No. **149** Primary Registration District No. **1002**

S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson		
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 Leawood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF DECEASED (If not in hospital or nursing home, give location) HADEN MANDR Nursing Home		Length of stay in lb 4 Weeks	d. STREET ADDRESS (If outside, give location) 9621 Belinder Rd.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Donald Middle B. Last Ward			4. DATE OF DEATH Month Oct. Day 10, Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 13, 1864		9. AGE (In years last birthday) 92
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Retd)		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Canada		12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME No Record		13b. MOTHER'S MAIDEN NAME No Record		14. NAME OF HUSBAND OR WIFE Jane Ward	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs J. E. Mater, Leawood, Kans.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease					INTERVAL BETWEEN ONSET AND DEATH 4200
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): DUE TO (c):					
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		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, 1954 to Oct 10, 1957 and last saw him alive on Oct. 10, 1957 Death occurred at 2:35 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Don A. Black (Degree or title) <i>Don A. Black</i>			22b. ADDRESS M.D. 924 Professional Bldg		22c. DATE SIGNED 10/11/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Oct. 11, 1957	23c. NAME OF CEMETERY OR CREMATORY Manchester Cem.		23d. LOCATION (City, town, or county) (State) Manchester, Kansas	
24. FUNERAL DIRECTOR Gates Funeral Home, K.C.Kans.		ADDRESS	25. DATE RECD. BY LOCAL REG. 10-11-57	26. REGISTRAR'S SIGNATURE <i>neva minshall</i>	

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Don A. Black

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Mr. Alan G. Black
Prof - Body
V12-8481



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*

VERIFIED, OF 150 VERIFIED, OF 150 VERIFIED, OF 150 Licensed Embalmer No. 5009

P. O. Address. *Overland Park*

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.