

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39444

FILED DEC 4 - 1957

STATE FILE NUMBER

Registration District No. 44 Primary Registration District No. 5148 Registrar's No. 351

S. 300
7-1-57

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Caldwell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lincoln, Rural		c. CITY OR TOWN Cowgill, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First David Middle Last Ward Jr.		4. DATE OF DEATH Month 11 Day 25 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July-8-1912
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Owner	9. AGE (In years last birthday) 45
11. BIRTHPLACE (City and state or country) Herrin, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME David Ward		13b. MOTHER'S MAIDEN NAME Martha Jane Webster	14. NAME OF HUSBAND OR WIFE Ruby Elizabeth 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. 319-03-5768	17. INFORMANT Address Ruby Elizabeth Ward, Cowgill, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fibrosarcoma of the left cheek and base of skull with metastases to both lungs. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) and base of skull with metastases to both lungs. DUE TO (c) several years			INTERVAL BETWEEN ONSET AND DEATH 197X
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 <input type="checkbox"/> NOT WHILE AT WORK <input 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 Sept. 7, 1957 to Nov. 25, 1957 and last saw him alive on Nov. 22, 1957 . Death occurred at 10 05 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) L. E. Goldberg M.D.		22b. ADDRESS Braymer, Mo.	22c. DATE SIGNED 11/27/57
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 11-28-1957	23c. NAME OF CEMETERY OR CREMATORY Cowgill, Cemetery	23d. LOCATION (City, town, or county) (State) Cowgill, Missouri
24. FUNERAL DIRECTOR ADDRESS Cramer Clark Kingston, Mo.		25. DATE RECD. BY LOCAL REG. Nov. 27 - 1957	26. REGISTRAR'S SIGNATURE Miss Ruth Ann Zwiggart

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

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 *Cramer Clark*

Licensed Embalmer No. 3257

P. O. Address Kingston, Mo.

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.