

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1961

FILED FEB 3 1958

STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 5695 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Livingston			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Cream Ridge Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN R# 1 Chula, Mo.		Inside Limits No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR HOME <u>Ward E. of Chula Mo</u>			Length of stay in lb Life	d. STREET ADDRESS (If outside, give location) Cream Ridge Twp.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First David Middle Lowery Last Ward				4. DATE OF DEATH Month Jan Day 27 Year 1958			
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 Nov. 11, 1876		9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Livingston Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Payette D. Ward				14. MOTHER'S MAIDEN NAME Mary Miner Ward			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Mrs. Anna Ward R#19 Chula, 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) Gangrene of both feet Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) arteriosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4501							INTERVAL BETWEEN ONSET AND DEATH 2 wks 15 yrs
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 type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 		20f. CITY, TOWN, OR LOCATION 			COUNTY
21. I attended the deceased from July 28 58 and last saw her alive on Jan 27 58 Death occurred at 4 P.M. on the date stated above; and to the best of my knowledge from the causes stated.							
22a. SIGNATURE L. W. Carpenter M.D.				22b. ADDRESS Chillicothe Mo.		22c. DATE SIGNED Jan 26 1958	
23a. BURNAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-29-58	23c. NAME OF CEMETERY OR CREMATORY Ward Cemetery		23d. LOCATION (City, town, or county) (State) Livingston Co., Mo.		
24. FUNERAL DIRECTOR ADDRESS Gipson Funeral Home Trenton, Mo.				25. DATE RECD. BY LOCAL REG. 1/26/58		26. REGISTRAR'S SIGNATURE Frances B Nail	

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 *Leo G. Whitaker*

Licensed Embalmer No. *4*

P. O. Address *Trenton*

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.