

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025845

STATE FILE NUMBER

FILED AUG 8 1958

Registration District No.

149

Primary Registration District No.

1005

Registrar's No.

3538

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
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 Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1		Length of stay in (b) 75 YRS	d. STREET ADDRESS (If outside, give location) 316 S. Mersington		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First George Middle WILLIAM Last Ward			4. DATE OF DEATH Month 7 Day 17 Year 1958		
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 MARCH 31, 1870	9. AGE (In years last birthday) 88 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) STONE MASON		10b. KIND OF BUSINESS OR INDUSTRY SELF	11. BIRTHPLACE (City and state or country) WAYNE Co., IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME GEO. S. WARD		13b. MOTHER'S MAIDEN NAME MARY JANE LEIGHTON		14. NAME OF HUSBAND OR WIFE ONA 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. 496-07-7259	17. INFORMANT Address MRS. WILBER SMITH 714 DITTMAN		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic pneumonia					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute + Chronic Cholecystitis					554X
DUE TO (c) Cholelithiasis - surgery					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (of a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 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 June 16, 1958 to July 17, 1958 and last saw ^{him} alive on July 17, 1958 ✓ Death occurred at 10:25 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) B. J. Birns, M.D.			22b. ADDRESS 24th & Cherry		22c. DATE SIGNED 7-18-1958
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		23b. DATE 7/21/58	23c. NAME OF CEMETERY OR CREMATORY ELMWOOD CREMATORY		23d. LOCATION (City, town, or country) (State) KANSAS CITY, MISSOURI
24. FUNERAL DIRECTOR C. H. Blackman & Son Inc ADDRESS R.C. [illegible]			25. DATE RECD. BY LOCAL REG. 7-21-58		26. REGISTRAR'S SIGNATURE neva n. install

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

B. J. Birns

Embalmer's Statement on Reverse Side



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 *W. C. Quinn*

Licensed Embalmer No. *4879*

P. O. Address *W.C., W.*

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.