

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028033
STATE FILE NUMBER

FILED JUL 30 1958

Registration District No. 370

Primary Registration District No. 6258

Registrar's No.

S. 300
1-57

1. PLACE OF DEATH a. COUNTY WAYNE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE MO. b. COUNTY WAYNE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SILVA		c. CITY OR TOWN SILVA 111 0	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last LYMAN FRANKLIN WARD		4. DATE OF DEATH Month Day Year July 23 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 July 26, 1901
9. AGE (In years at birthday) 56		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) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY INSURANCE	11. BIRTHPLACE (City and state or country) SILVA, MO
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME WILLIAM WARD	
13b. MOTHER'S MAIDEN NAME RACHEL BROWN		14. NAME OF HUSBAND OR WIFE CARRIE E. WARD	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or not known) (If yes, give dates of service) YES WWI		16. SOCIAL SECURITY NO.	17. INFORMANT Address CARRIE WARD SILVA, 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) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 1 MIN.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis			
DUE TO (c) 4201			
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 <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 _____, to _____ and last saw her/him alive on _____ Death occurred at 11:45 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Margaret Bowler Coroner 3		22b. ADDRESS Piedmont, MO	
22c. DATE SIGNED 7-24-58			
23a. BURIAL, CREMATION, OR MOVING (Specify)	23b. DATE July 25 1958	23c. NAME OF CEMETERY OR CREMATORY MONTGOMERY CEM.	23d. LOCATION (City, town, or county) (State) SILVA MO.
24. FUNERAL DIRECTOR ADDRESS GISH FUNERAL HOME GREENVILLE, MO,		25. DATE RECD. BY LOCAL REG. July 28, 1958	
		26. REGISTRAR'S SIGNATURE Gretta Ward	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

JUL 9 1 1958

FEB 18 1959

MAINE CO. HEALTH CENTER
FILE NO.

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 me, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Marvin E Bowles

Licensed Embalmer No. 4426

P. O. Address Bedmont,

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.