

FILED SEP 19 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035191

STATE FILE NUMBER

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 170

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		c. CITY OR TOWN Sikeston	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Community		d. STREET ADDRESS (If outside, give location) Rt. # 4	

3. NAME OF DECEASED (Type or print) First LESLIE Middle HOWARD Last WARD	4. DATE OF DEATH Month 9 Day 10 Year 1958
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-10-1958	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months — Days — Hours 6 Min.	IF UNDER 24 HRS. Hours 6 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newborn	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Sikeston, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Robert Howard Ward	13b. MOTHER'S MAIDEN NAME Betty Lou Alexander	14. NAME OF HUSBAND OR WIFE ---
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mother, Betty Ward	Address Rt. # 4, Sikeston
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Spontaneous death		INTERVAL BETWEEN ONSET AND DEATH 6 mo. Pregnancy 3 min.
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)		776X
		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.) ---
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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 ---
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21. I attended the deceased from 9-10-58 to 9-10-58 and last saw him alive on 9-10-58 Death occurred at 7:15 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H.B. Prognator M.D.	(Degree or title)	22b. ADDRESS Sikeston, Missouri	22c. DATE SIGNED 11-Sept-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-11-58	23c. NAME OF CEMETERY OR CREMATORY Oak Grove	23d. LOCATION (City, town, or county) (State) Charleston, Mo.
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25. DATE RECD. BY LOCAL REG. 9-12-58	26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter
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24. FUNERAL DIRECTOR OR PRIVATE INTERMENT BY FAMILY By Family

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DATE RECEIVED 9-15-58

SCOTT CO. HEALTH DEPT.

CO. FILE No. 958-220

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 Body Not Embalmed Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Eward E. Hummel.....

Licensed Embalmer No. 4164.....

P. O. Address Shelton, 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.