

Health & Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11 58-045013  
STATE FILE NUMBER

FILED JAN 8 1959 Registration District No. 239 Primary Registration District No. 5825 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>			2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b> )		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Como Twsp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Lilbourn</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Catron</b>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <b>N. Project</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Thomas</b> Middle <b>Ward, Jr.</b> Last <b>Ward, Jr.</b>			4. DATE OF DEATH Month <b>Dec</b> Day <b>24</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug 2, 1939</b>		9. AGE (In years) <b>19</b> birthday
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Lilbourn, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>Thomas Ward, Sr.</b>		13b. MOTHER'S MAIDEN NAME <b>Palmetter Coleuye</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>493-42-7840</b>		17. INFORMANT <b>Thomas Ward, Sr.-Lilbourn, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Car ran into ditch, Internal</b> DUE TO (b) <b>broken up, Fractured Skull</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)					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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 _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>		20f. CITY, TOWN, OR LOCATION <b>Catron, New Madrid, Mo</b>		20g. COUNTY STATE <b>672</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>9:30 p.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Dr. H. J. Hedges</b>			22b. ADDRESS <b>Catron, New Madrid, Mo</b>		22c. DATE SIGNED <b>Dec 26-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Dec 27, 58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sand Hill Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>New Madrid, Mo.</b>
24. FUNERAL DIRECTOR <b>Ponder Funeral Home-Lilbourn, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12/27/58</b>		26. REGISTRAR'S SIGNATURE <b>Dr. G. H. Hedges, M.D.</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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*[Handwritten mark]*

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 *Harold J. Ponder* .....

Licensed Embalmer No. *5030* .....

P. O. Address *Lithuan, 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.