

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008215
STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 369 Primary Registration District No. 6257 Registrar's No. 1

300
1-57

1. PLACE OF DEATH a. COUNTY WAYNE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WAYNE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PATTERSON		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN PATTERSON Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb 14 yr	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 WARREN Middle LEE Last WARD			4. DATE OF DEATH Month FEB. Day 23 Year 1959		
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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 JUNE 29, 1944	9. AGE (In years last birthday) 14	IF UNDER 1 YEAR Month 7 Day 24	IF UNDER 24 HRS. Hours 19 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) STUDENT	10b. KIND OF BUSINESS OR INDUSTRY SCHOOL	11. BIRTHPLACE (City and state or country) PATTERSON, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME KEITH WARD	13b. MOTHER'S MAIDEN NAME ELSIE DUNCAN	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 and dates of service) ---	16. SOCIAL SECURITY NO. ---	17. INFORMANT ELSIE WARD	Address PATTERSON, Mo.
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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) Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 Min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Gun Shot wound 3006 Rifle	
	DUE TO (c) Bullet Penetrated the Heart 9140	
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 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.) Gun was accidentally discharged
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20c. TIME OF INJURY Hour 6:00 Month 2 Day 23 Year '59	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20e. CITY, TOWN, OR LOCATION Patterson	COUNTY Wayne	STATE Mo.
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 6:02 P m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Marvin E. Bowles Coroner	22b. ADDRESS Piedmont, Mo	22c. DATE SIGNED 2-25-1959
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL	23b. DATE 2/25/1959	23c. NAME OF CEMETERY OR CREMATORY PATTERSON CEM.	23d. LOCATION (City, town, or county) (State) PATTERSON Mo.
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24. FUNERAL DIRECTOR Lick F. Home	ADDRESS Piedmont Mo	25. DATE RECD. BY LOCAL REG. 2-27-59	26. REGISTRAR'S SIGNATURE Sheila Lovelace
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

VS MAR 9 1959

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 Piedmont,

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.