

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026157

FILED VS AUG 4 1959 74

Registration District No. 3052 Primary Registration District No. 254 Registrar's No.

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pettis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Died in Ambulance enroute				Length of stay in 1b		c. CITY OR TOWN Green Ridge	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION to Bothwell Hospital Sedalia, Mo.				Inside Limits		d. STREET ADDRESS (If outside, give location) Green Ridge	
						Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First Charles Middle Henry Last WARD				4. DATE OF DEATH Month July Day 28 Year 1959			
5. SEX Male		6. COLOR OR RACE White		7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH Jan. 16, 1902	
						9. AGE (last birthday) 57	
						IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired School Bus Driver				10b. KIND OF BUSINESS OR INDUSTRY School Bus		11. BIRTHPLACE (City and state or country) Spring Fork, Mo.	
12. CITIZEN OF WHAT COUNTRY U S							
13a. FATHER'S NAME Charles R. Ward				13b. MOTHER'S MAIDEN NAME Emma A. Riecke		14. NAME OF HUSBAND OR WIFE Mrs. Maude 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. 487-24-7829		17. INFORMANT Mrs. Maude Ward Green Ridge, 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) Cerebral Apoplexy DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		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. Month, Day, Year p.m.							
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		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 Jan 20 1959 to July 27-59 and last saw him alive on July 27, 1959 Death occurred at 12:00 Noon on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE H. A. Hite M.D.				22b. ADDRESS Green Ridge, Mo		22c. DATE SIGNED 7-29-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 30, 1959		23c. NAME OF CEMETERY OR CREMATORY Green Ridge		23d. LOCATION (City, town, or county) (State) Green Ridge, Mo.	
24. FUNERAL DIRECTOR Elen E. Heck Funeral Home Green Ridge, Mo.				25. DATE RECD. BY LOCAL REG. 7-30-1959		26. REGISTRAR'S SIGNATURE Frances A. Helby	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 9 1962

JAN 6 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Glen E. Heck

Licensed Embalmer No.

4063

P. O. Address

Green River

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.