|                              | ration District No  | H3 Prim  | ary Registration (   | District No. 3 🕹 🗗   | <b>7</b> Registrar's No   | ·  |  | NUMBER  |
|------------------------------|---|--|--|--|---|--|--|---|
| 1 91                         | ACE OF DEATH  |  |  |  | i 2. USUAL RESIDE   | NCE (Where deceased  | l lived. If institution  | on: Residence before  |
|                              | * COUNTY Butler   |  |  |  | a. STATE Missourib. COUNTY Butler admission)  |  |  |   |
| b.                           | CITY (If outside con  | porate limits, give TOWNS  | HIP only)  | Length of stay in 1b   | c. CITY   | <u></u>  |  | Inside Limits   |
|                              | TOUGH -   | lar Bluff  |  | 20 Yrs.  |   | oplar Blu  | ff   | Yes 🖂 No 🗆  |
| c.                           | FULL NAME OF (IF)   | NOT in hospital, give locati   | on)  | Inside Limits  | d. STREET ADDRESS   |  |  | Reside on Farm  |
|                              | INSTITUTION   | At Home  |  | Yes 🛣 No 🗆   | 11  | 18 Pershi  | ng   | Yes No  |
|                              |   | First  | M  | iddle  | Last  | 4. DATE  | Month Da   | y Year  |
| (i)                          | pe or print)  | Wiley  |  | J. V   | Nard  | DEATH Fe   | bruary 8   | , 1960.   |
| 5. SE                        | x   | 6. COLOR OR RACE   |  |  | - / /   | نسنست است  |  |   |
|                              |   | White  |  |  |   | · T  |  | 7 Hours Min.  |
|                              |   |  | _  |  | 1   |  | l l  | OF WHAT COUNTRY   |
| 10- 54                       | Retired   | Farmer   |  |  |   |  |  | S. A.   |
| 138. FA                      |   | •  |  |  | E   | į  |  |   |
| 15 W                         | JACK W  | IN ILS APMED FORCES?   | 16 SO  | IAL SECURITY NO  | 17 INFORMANT  | mrs.   |  | ard   |
|                              |   |  |  |  |   | ie Ward.   |  | Bouff. Mo   |
| i                            | CAUSE OF DEATH  | (Enter only one cause per_   |  | nd (c).  |   | ,,   | - Opiui  | INTERVAL BETWEEN  |
|                              | PART I.   |  | 6/1  | una a  | teles   | Lucus  | الأسيع   | ONSET AND DEATH   |
|                              |   | IMMEDIATE CAUSE (a)  |  | 111  |   |  |  | 7-107   |
|                              | Camalista   | if Due to (b)  | Eng  | osters.  | lom   | place  | en.  | _   |
| \ \                          | which ga  | ve rise to   |  | de   | )   | <i>∽</i>   |  |   |
|                              | stating t   | he under-  | Jen  | عداير ماحد   | عرريه   | elea'  | -  |   |
| z                            |   | OTHER SIGNIFICANT CO   | ONDITIONS CON  | TRIBUTING TO DEAT  | H but not related t   | o the terminal P   |  | ed was female w   |
| ¥                            |   | disease condition given in   | PART I (a)   |  |   |  | <del>                                     </del>   | egnancy in last 90 day  |
| 일                            |   | ACCIDENT OUTER   | HOWEIDE  | 1 201 DESCRIPT HO  | W WINDY OCCUPATION  | 1  |  | □ No □ Unknov   |
| E 19.                        | PERFORMED?  | ZUA. ACCIDENT SUICIDE  | HOMICIDE   | 206, DESCRIBE HO   | W INJURY OCCURRE  | J. (Enter nature of inje   | ITY IN PART I OF PAR   | (i ii ot irem is.)  |
|                              | YES NO HOU  | Month, Day, Year   |  |  |   |  |  | <del></del>   |
|                              | . HAVE OF HOUR  | Month, Day, Year   |  |  |   |  |  |   |
| 월                            | INJURY a.m.   |  |  |  |   |  |  |   |
| WEDIC                        | p.m.  | D 20e. PLACE   | OF INJURY (e.g.,   | in or about home.  | 20f. CITY, TOWN, O  | R LOCATION   | COUNTY   | STATE   |
|                              | p.m.  | D 20e. PLACE (   | OF INJURY (e.g., actory, street, offi  |  | 201. CITY, TOWN, O  | R LOCATION   | COUNTY   | STATE   |
|                              | p.m.  | D 20e. PLACE of farm, fa   |  |  | 100   |  |  | STATE   |
| 200                          | p.m. I. INJURY OCCURRE WHILE AT WORK NOT WHILE AT W  I attended the dec   | farm, fa   | actory, street, offi   | ce bldg., etc.)  | ello.   | d last saw him alive o   | on 6+ela   | 1940  |
| 200                          | p.m. I. INJURY OCCURRE WHILE AT WORK NOT WHILE AT W   | eased from 1:00  | P. M.  | ce bldg., etc.)  | e date stated above,  |  | on 6+ela   | / 4 4 D   |
| 200                          | p.m. I. INJURY OCCURRE WHILE AT WORK NOT WHILE AT W  I attended the dec   | eased from 1:00  | actory, street, offi   | ce bldg., etc.)  | ello.   | d last saw him alive o   | on 6+ela   | / 4 4 D   |
| 200                          | p.m.  I. INJURY OCCURRE WHILE AT WORK NOT WHILE AT W  I attended the dec Death occurred at  | eased from 1:00  | P. M.  | to 87  | e date stated above,  22b. ADDRESS  321   | d last saw him alive of and to the best of my  | on 6 + ello<br>knowledge, from the   | POPUL (   |
| 21.                          | p.m. I. INJURY OCCURRE WHILE AT WORK NOT WHILE AT W I attended the dec Death occurred at SIGNATURE RIAL, CREMATION,                   | reased from 1:00  (Degr  | P. M. ee ar title) 23c. NAME (   | to ST m on the DF CEMETERY OR CRE  | e date stated above,  22b. ADDRESS  321  MATORY   | and to the best of my  | knowledge, from the Manager of Country)  | 1940  |
| 20a<br>21.<br>23a. 80<br>Bur | p.m.  I. INJURY OCCURRE WHILE AT WORK NOT WHILE AT W  I attended the dec Death occurred at SIGNATURE RIAL, CREMATION, MOVAL (Specify) | reased from 1:00   | P. M. ee ar title) 23c. NAME ( Memo)   | , to m on the property of the crial Garden   | e date stated above,  22b. ADDRESS  321  MATORY   | and to the best of my 23d. LOGATION (City.   | knowledge, from the Manager of country of country luff, Manager of the country of | POPULU  |
|                              | 3. NJ<br>5. SE<br>10a. US<br>du<br>13a. FA<br>15. W.<br>(Yes, n   | OR TOWN POD  C. FULL NAME OF (IF HOSPITAL OR INSTITUTION)  3. NAME OF DECEASED (Type or print)  5. SEX  Male  10e. USUAL OCCUPATION ducing from the Company of workin Helper of the Company of the Compan | OR TOWN Poplar Bluff  c. FULL NAME OF (IF NOT in hospital, give location of the content of the c | OR TOWN Poplar Bluff  c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home  3. NAME OF DECEASED (Type or print)  Wiley  5. SEX 6. COLOR OR RACE Widowed  10a. USUAL OCCUPATION (Give kind of work done during most of working-life, even if retired)  13a. FATHER'S NAME  13b. MO  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service)  18. CAUSE OF DEATH (Enter only one cause per line to (a), (b), a PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Stating the under-lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CON disease condition given in PART I (a)  19. WAS AUTOPSY PERFORMED?  19. WAS AUTOPSY PERFORMED? | OR TOWN Poplar Bluff  C. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home  3. NAME OF DECEASED (Type or print) Wiley  5. SEX  6. COLOR OR RACE Widowed  10a. USUAL OCCUPATION (Give kind of work done dusing most of working, life, even if retired) Wiley  13a. FATHER'S NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Stating the under-lying cause last.  DUE TO (b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT disease condition given in PART I (a)  19. WAS AUTOPSY PERFORMED?  20 YTS. Inside Limits  Never Married Widowed  Widowed  Never Married Widowed  10b. KIND OF BUSINESS OR INDUSTR  Farming  13b. MOTHER'S MAIDEN NAM  MATY  16. SOCIAL SECURITY NO.  DUE TO (b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT disease condition given in PART I (a) | C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. MARTINE OF MARTINE OF COLOR NAME  C. MARTINE OF BUSINESS OR INDUSTRY  C. MARTIN | TOWN Poplar Bluff  C. FULL NAME OF (IF NOT in hospital, give location)  HOSPITAL OR INSTITUTION  At Home  3. NAME OF DECEASED (Type or print)  Wiley  J. Ward  Middle  Last  ADATE OF DEATH FO  DEATH  FO  DEATH  FO  S. SEX  C. COLOR OR RACE  White  Widowed  Divorced  Divorced  C. 21/1871  88  DIA. USUAL OCCUPATION (Give kind of work done dudge good of working-life, even if retired)  Tack Ward  13b. MOTHER'S MAIDEN NAME  Jack Ward  13b. MOTHER'S MAIDEN NAME  13b. MOTHER'S MAIDEN NAME  13c. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not unknown) (If yes, give war or dates of service)  Conditions, if any, which gave rise to above cause (a). Stating the underlying cause last.  DUE TO (b)  PART II. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO (b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PERFORMED?  PERFORMED?  PERFORMED?  20 YPS. TOWN Poplar Blu  d. STREET ADDRESS (If curs ADDRESS 118 Pershi  d. STREET ADDRESS (If curs ADDRESS 118 Pershi  d. STREET ADDRESS (If curs ADDRESS 118 Pershi  d. STREET ADDRESS 118 Pershi  d. DATE OF DEATH FO  SACILITATION  A. DATE OF DEATH FO  A. DATE OF DEATH FO  SACILITATION  A. DATE OF DEATH FO  A. DATE OF DEATH FO  SACILITATION  A. DATE OF DEATH FO  A. DATE OF DEATH FO  SACILITATION  A. DATE OF DEATH FO  A. DATE OF DEATH FO  A. DATE OF DEATH FO  SACILITATION  A. DATE OF DEATH FO  A. DATE OF DEATH F | OWN POPLER Bluff  C. FULL NAME OF (IF NOT in hospital, give location)  Hospital of (IF NOT in hospital, give location)  At Home  3. NAME OF DECEASED (IF NOT in hospital, give location)  Wiley  Ward  3. NAME OF DECEASED (If NOT in hospital, give location)  Wiley  J. Ward  4. DATE (If cutside, give location)  DEATH February  8. DATE OF BIRTH  DEATH February  8. DATE OF BIRTH  10 ADTE (If Not in hospital, give location)  At Home  3. NAME OF DECEASED (If Not in hospital, give location)  Wiley  J. Ward  10 ADTE (If Not in hospital, give location)  Ward  10 ADTE (If Not in hospital, give location)  At Home  3. NAME OF DECEASED (If Not in hospital, give location)  Wiley  J. Ward  10 ADTE (If Not in hospital, give location)  Add (If yee or print)  10 ADTE (If Not in hospital, give location)  Add (If yee or print)  10 ADTE (If Not in hospital, give location)  Add (If yee or print)  10 ADTE (If Not in hospital, give location)  Add (If yee or print)  10 AT HOME  10 ADTE (If Not in hospital, give location)  11 DATE (If It not in hospital, give location)  12 ADTE (If OP ATH February  13 DATE OF BIRTH  14 DATE (If cutside, give location)  15 Ward  16 SOCIAL SECURITY NO. (If yee and state or country)  17 INFORMANT  Address  Mrs. Addie Ward, Poplar  18 CAUSE OF DEATH (Enter only one cause pacificants (a), jo), and (c).  PART II. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO (b)  Ward  19 WAS AUTORY  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH but not related to the terminal disease condition given in PART I (a)  19 WAS AUTORY  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH but not related to the terminal disease condition given in PART I (a)  19 WAS AUTORY  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS COURRED, (Enter nature of injury in PART I or PART PART OF PART |

February 3, 1960

## STATEMENT BY LICENSED EMBALMER

1960

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

working under my personal supervision. Student\_ Licensed Embalmer No. .... ( ): 1 P. O. Address J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

Frence Cotroll Chapel, Drive Mille 100 of being the State of the State