

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010685

FILED VS APR 4 1960

137 Primary Registration District No. 3023

Registrar's No. 95

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Henry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Henry</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Clinton</b>		Length of stay in 1b <b>11 Yrs.</b>		c. CITY OR TOWN <b>Clinton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>114 W. Benton St.</b>				d. STREET ADDRESS (If outside, give location) <b>114 West Benton</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Ada</b> Middle <b>A.</b> Last <b>Ward</b>				4. DATE OF DEATH Month <b>March</b> Day <b>28</b> Year <b>1960</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>1-16-1881</b>	
9. AGE (last birthday) <b>79</b>		IF UNDER 1 YEAR Months <b>2</b> Days <b>12</b> Hours <b></b> Min. <b></b>		11. BIRTHPLACE (City and state or country) <b>Buffalo, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <b>housekeeper</b>				10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME <b>William R. Davison</b>	
13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>				14. NAME OF HUSBAND OR WIFE <b>Ernest Ward</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>NONE</b>		17. INFORMANT Address <b>RFD. 5,</b> <b>Mrs. E. A. Miller, Clinton, 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>Coronary thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Cardiac decompensation</b> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							INTERVAL BETWEEN ONSET AND DEATH <b>sudden</b> <b>years</b> <b>years</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)			
20c. TIME OF INJURY Hour <b></b> Month, Day, Year <b></b> a.m. <b></b> p.m. <b></b>		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	
21. I attended the deceased from <b>5-9-57</b> to <b>3-28-60</b> and last saw her alive on <b>3-1-60</b> Death occurred at <b>10 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>R. G. Powell D.O.</b>				22b. ADDRESS <b>Clinton mo</b>		22c. DATE SIGNED <b>3/29/60</b>	
23a. BURIAL, CREMATION, REBURYAL (Specify) <b>Burial</b>		23b. DATE <b>3-31, 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Deepwater Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Deepwater, Mo.</b>	
24. FUNERAL DIRECTOR <b>H. D. Vansant, Clinton, Mo</b>				25. DATE RECD. BY LOCAL REG. <b>Mar. 31, 1960</b>		26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 H. A. Vansant

Licensed Embalmer No. 377

P.O. Address Clinton

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.