

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-016020

FILED VS. APR 19 1960 178

Registration District No. 4281 Registrar's No. 42

STATE FILE NUMBER

| | | | | | | | | |
|---|--|---|--|---|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Lewis | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Lewis | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Canton | | Length of stay in 1b 30 yrs. | | c. CITY OR TOWN Canton | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 708 White St. | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Harry McClain Ward | | | | 4. DATE OF DEATH Month Day Year April 11, 1960 | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 11-23-'95 | 9. AGE (last birthday) 64 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postmaster | | | 10b. KIND OF BUSINESS OR INDUSTRY Canton, Mo. | | 11. BIRTHPLACE (City and state or country) Plymouth, Ill. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Henry M. Ward | | | 13b. MOTHER'S MAIDEN NAME Nora Pierce | | | 14. NAME OF HUSBAND OR WIFE Florence Krueger | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I | | | 16. SOCIAL SECURITY NO. 499-05-2511 | | 17. INFORMANT Address Mrs. Florence Ward, Canton, 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) Metastatic CARCINOMA LIVER Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) (Primary) CARCINOMA Kidney DUE TO (c) _____ 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 6 MO 2 yrs | |
| 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 a.m. p.m. Month, Day, Year | | | 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 March 15 58 to April 11 60 and last saw ^{her} him alive on April 11 60 Death occurred at 1 15 A m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE (Degree or title) Hendry Davis | | | | 22b. ADDRESS Canton Mo | | 22c. DATE SIGNED April 12 60 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 4-13-1960 | 23c. NAME OF CEMETERY OR CREMATORY Forest Grove | | | 23d. LOCATION (City, town, or county) (State) Canton, Lewis County, Mo. | | | |
| 24. FUNERAL DIRECTOR ADDRESS Barkley Funeral Home, Canton, Mo. | | | | 25. DATE RECD. BY LOCAL REG. 4-14-'60 | | 26. REGISTRAR'S SIGNATURE Mrs. Henry Lloyd | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 25 1962

MAY 25 1960

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STATEMENT BY LICENSED EMBALMER

0961 18

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 Earl H. Buckley

Licensed Embalmer No. 7615

P. O. Address Canton, Mass.

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.