

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022622

FILED VS JUN 3 0 1960

Registration District No. 73

Primary Registration District No. 5291

Registrar's No. 68

STATE FILE NUMBER

| | | | | | | |
|---|---|---|--|--|---|-------|
| 1. PLACE OF DEATH a. COUNTY CLAY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | | | |
| b. CITY (If outside corporate limits give TOWNSHIP only) LIBERTY | | Length of stay in 1b 3 months | c. CITY OR TOWN INDEPENDENCE | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION IOOF HOSPITAL | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS 13502 Kentucky Road | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First MAUDE Middle MARY Last WARD | | | 4. DATE OF DEATH Month JUNE Day 19 Year 1960 | | | |
| 5. SEX FEMALE | 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 Oct 26 1877 | 9. AGE (last birthday) 82 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC | 11. BIRTHPLACE (City and state or country) Cooper Co. Missouri | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME CHARLES OVERTON WARD | | 13b. MOTHER'S MAIDEN NAME ELIZABETH FORD | | 14. NAME OF HUSBAND OR WIFE NONE | | |
| 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. NONE | 17. INFORMANT Mary Ward, 13502 Kentucky Rd., Indep., 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) Arteriosclerosis | | | | | INTERVAL BETWEEN ONSET AND DEATH 6 mo | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) | | DUE TO (b) | | | | |
| | | 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 | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 May 1 60 and last saw her alive on June 12 Death occurred at 4:35 P on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE (Degree or title) Wm J. Addison M.D. | | | 22b. ADDRESS Liberty Mo | | 22c. DATE SIGNED 6/20/60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 23b. DATE 6-21-1960 | 23c. NAME OF CEMETERY OR CREMATORY WOODLAWN CEMETERY | | 23d. LOCATION (City, town, or county) INDEPENDENCE, MISSOURI | | |
| 24. FUNERAL DIRECTOR GEO. C. CARSON & SONS, INDEPENDENCE, MO. | | ADDRESS | 25. DATE RECD. BY LOCAL REG. 6-25-60 | 26. REGISTRAR'S SIGNATURE Mabel Grant | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wm H Cantrell

Licensed Embalmer No. 5082

P. O. Address Indep, Mo

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.