

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031040

FILED VS AUG 23 1960

Registration District No. 156 Primary Registration District No. 200 Registrar's No. 401

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Length of stay in 1b 12 days	c. CITY OR TOWN Carl Junction		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 609 Locust Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) OSIE MARIE WARD First Middle Last			4. DATE OF DEATH August 7, 1960 Month Day Year		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-1-1904	9. AGE (last birthday) 56
IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of life, or if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) DeLaney, Arkansas	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Wm. Price Jones		13b. MOTHER'S MAIDEN NAME Paralee Shackelford		14. NAME OF HUSBAND OR WIFE W. S. 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. None	17. INFORMANT W. S. Ward, Carl Jct., Mo. Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma left breast with metastases DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 4 years
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 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 _____ s.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 Feb 28, 1952 to Aug 7, 1960 and last saw her Aug 7, 1960 Death occurred at 12:40 P. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE John Wetzel M.D. (Degree or title)			22b. ADDRESS 304 Medical Arts Bldg Joplin, Mo	22c. DATE SIGNED 8-17-60	
23a. BURIAL, CREMATION, or other disposition (Specify)	23b. DATE 8-9-1960	23c. NAME OF CEMETERY OR CREMATORY Carl Junction Cemetery	23d. LOCATION (City, town, or county) (State) Carl Junction, Mo.		
24. FUNERAL DIRECTOR Don Hovey, Carl Junction, Mo.		25. DATE RECD. BY LOCAL REG. 8-16-1960	26. REGISTRAR'S SIGNATURE Dove Merriem		

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 Jack C. Simpson

Licensed Embalmer No. 464

P. O. Address Webb City

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.