

# IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034488

FILED VS OCT 3 1960

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 974C STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Length of stay in lb <u>lifetime</u>	c. CITY OR TOWN <u>Springfield</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Burge Protestant Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>853 W. Whiteside</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>MARVIN BERTRAM WARD, JR.</u>			4. DATE OF DEATH Month Day Year <u>Sept. 22, 1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/7/30</u>	9. AGE (last birthday) <u>30</u>	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 working life, even if retired) <u>Lineman-Telephone Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bell Telephone</u>		11. BIRTHPLACE (City and state or country) <u>Springfield, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Marvin B. Ward, Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Hazel Rogers</u>		14. NAME OF HUSBAND OR WIFE <u>Roberta Ward</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>W. W. II</u>	17. INFORMANT <u>Unknown</u>	Address <u>853 W. Whiteside</u>	<u>Springfield, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Cerebral contusion</u>		<u>24 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Multiple basilar skull fractures</u>	<u>24 hour</u>
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Fell from car</u>
20c. TIME OF INJURY <u>11:30</u> Hour <u>30</u> Min. p.m. Month, Day, Year <u>9-21-60</u>		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street in Springfield, Mo.</u>	20f. CITY, TOWN, OR LOCATION <u>Springfield</u>	COUNTY <u>Greene</u>	STATE <u>Mo.</u>
21. I attended the deceased from <u>9/21/60</u> to <u>9/22/60</u> and last saw <u>her</u> alive on <u>9/22/60</u> Death occurred at <u>12:35</u> p. m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>Howard J. McInaney, MD</u> (Degree Title) <u>Dr. Howard McInaney, MD</u>	22b. ADDRESS <u>315 Professional Bldg.</u> <u>Springfield, Missouri</u>	22c. DATE SIGNED <u>9/30/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9/24/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>White Chapel Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>

24. FUNERAL DIRECTOR <u>Ayre-Goodwin</u>	ADDRESS <u>Springfield, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>9-30-60</u>	26. REGISTRAR'S SIGNATURE <u>Offie S. Meltzer</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 23 1960

OCT 4 1960

OCT 25 1960

OCT 14 1960

STATEMENT BY LICENSED EMBALMER

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

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Frederic M. Abbott

Licensed Embalmer No. 3

P. O. Address Sydney

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to  
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.