

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

57-60-038600
4769 STATE FILE NUMBER

FILED VS. OCT 3 1960 149
Registration District No. Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Length of stay in lb 30 YEARS c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) 4029 TRACY AVENUE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last FRANCIS POWELL WARD			4. DATE OF DEATH Month Day Year OCTOBER 12 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 9/15/96	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) POSTAL CLERK		10b. TYPE OF BUSINESS OR INDUSTRY WESTPORT U.S. POST OFFICE		11. BIRTHPLACE (City and state or country) HUTCHINSON, KANSAS	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME FREDERIC WARD		13b. MOTHER'S MAIDEN NAME NINA HERBERT	
14. NAME OF HUSBAND or WIFE MRS. VERNA WARD		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I			
16. SOCIAL SECURITY NO. 496-09-5435		17. INFORMANT MRS. VERNA WARD Address 4029 TRACY AVENUE KANSAS CITY, 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) CARCINOMA OF LT LUNG 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 2 YR.
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 11/12/59 to 10/12/60 and last saw him alive on 10/11/60 Death occurred at 8:25 A. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>John W. Walker, M.D.</i>			22b. ADDRESS <i>Kansas City, Mo</i>		22c. DATE SIGNED 10/13/60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10/14/60	23c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEMETERY KANSAS CITY		23d. LOCATION (City, town, or county) (State) MISSOURI	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 10-14-60	26. REGISTRAR'S SIGNATURE <i>H.S. Dwyer</i>		

DOCUMENT

BY AFFIDAVIT OF John W. Walker, M.D. Walker Medical Certification

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. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chester Brown

Licensed Embalmer No. 49

P. O. Address KE

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.