

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-041695

FILED VS DEC 12 1960

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1207

1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY NEWTON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in 1b 8 days		c. CITY OR TOWN NEOSHO		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) ROUTE # 3			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HORTON Middle EDISON Last WARD				4. DATE OF DEATH Month December Day 3 Year 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 8-28-1898	9. AGE (last birthday) 62	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) Mechanic			10b. KIND OF BUSINESS OR INDUSTRY construction		11. BIRTHPLACE (City and state or country) Lomax, Ill		12. CITIZEN OF WHAT COUNTRY U.S.A		
13a. FATHER'S NAME Fred Ward			13b. MOTHER'S MAIDEN NAME Jennie Unknown			14. NAME OF HUSBAND OR WIFE Mrs. Bonnie Briley 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. 511-09-3152		17. INFORMANT Address Mrs. Bonnie Ward, Neosho, 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) Respiratory + Cardiac failure							INTERVAL BETWEEN ONSET AND DEATH 4 8 hrs		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) A.S.H.D. failure +							6 weeks		
DUE TO (c) Cerebral encephalomalacia							" "		
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 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 Nov 25, 60 to DEC 3, 60 and last saw her alive on DEC 3, 60 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) William F. Clary M P				22b. ADDRESS Springfield MO				22c. DATE SIGNED 12/6/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 6, 1960	23c. NAME OF CEMETERY OR CREMATORY Memorial Park			23d. LOCATION (City, town, or county) (State) Newton Co. Missouri			
24. FUNERAL DIRECTOR Thompson Funeral Home, Neosho, Mo.				25. DATE RECD. BY LOCAL REG. 12-7-60		26. REGISTRAR'S SIGNATURE Effie S. Melton			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JAN 3 1961

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 *Jimmie C. Jobe*, Student Embalmer No. 61

working under my personal supervision.

Student

Jimmie C. Jobe
Signature of Student Embalmer

Signed

Blyde M. Danner

Licensed Embalmer No. 5065

P. O. Address *Memphis TN*

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.